

Camp Application

For Camp Use Only

PLEASE PRINT CLEARLY

Camper's Last Name

First Name

Street Address

City

State

Zip

(____)_____

Home Phone

Camper's Date of Birth

Camper's Age as of 6/7/04

Male_____

Female_____

Adult T-shirt size:

XS

S

M

L

XL

(circle one)

Parent/Guardian's Name

(____)_____

Parent/Guardian's Work Phone

e-mail address

Please answer the following questions:

1) Are you willing to have our General Manager provide your phone number to interested parties for carpool purposes? ____ Yes ____ No

2) How did you hear about us? ____ Internet ____ Mailing ____ Friend

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In consideration of the Technique Swim Camp at Harvard University permitting the undersigned to enter into certain of your premises or to utilize certain of your facilities, or both, such as Blodgett Pool, for personal reasons unrelated to your business or affairs, the undersigned hereby covenants and agrees with you, your past, present and future officers, agents, employees, independent contractors, and all other persons associated with them in connection with such premises or facilities, or both, that neither the undersigned nor any of the heirs, executors, assigns, or other representatives of the undersigned will ever assert against you or your officers, agents, employees, independent contractors, or any other persons associated with them in connection with such premises or facilities, or both, any claim from which the undersigned may have by reasons of such entrance or use, or both, by the undersigned.

The undersigned also covenants and agrees with you that the undersigned will hold you and your officers, agents, employees, independent contractors, and all other persons or facilities, or both, harmless; and, indemnify you and each of them against any loss, cost, damage, or expense which you or such persons may incur by reasons of any claim or liabilities asserted against you or any of them as a result of such entrance or use, or both.

This letter is intended to take effect of a sealed agreement, and to be governed by the laws of the Commonwealth of Massachusetts.

Name of Child

Name of Parent

Signature of Parent

Date

.....

Photo Release

I/we give permission for photo images of my child that may be taken during a camp session to be used in materials to promote the Technique Swim Camp at Harvard. All rights to these images are assigned to the Technique Swim Camp at Harvard and its designates. I/we understand that my child's name will not be used, and that images will be for the sole use of the Technique Swim Camp at Harvard.

Parent/Guardian Signature

Date

Camp Application

Camper's Name

To enroll, please complete the front and back of this application page and both parts of the Health Fact Sheet, and send them, together with a check for full payment to:

Technique Swim Camp at Harvard
P.O. Box 26
Belmont, MA 02478

Confirmation and a registration packet will be sent by mail. Sessions fill quickly. If registering after February, please check our website, www.techswimcamp.com, for session availability.

Please check the desired session(s) below:

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Competitive Swim Camp

ages 9 to18

9:00 am - 3:30 pm
Full Day - Cost: \$380

Session 1	June 7 - 11	_____
Session 2	June 14 - 18	_____
Session 3	June 21 - 25	_____
Session 4	June 28 - July 2	_____
Session 5*	July 5 - 8 (M-Th)	_____
Session 6*	July 13 - 16 (T-Fr)	_____
Session 7*	July 19 - 22 (M-Th)	_____

* Sessions 5, 6 and 7 are four day camps. The cost is \$305.

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Novice Swim Camp

ages 7 to13

9:00 am - 3:30 pm
Full Day - Cost: \$380

9:00 am - 12:30 pm
Half Day - Cost: \$305

Session 1	June 7 - 11	_____	_____
Session 2	June 14 - 18	_____	_____
Session 3	June 21 - 25	_____	_____
Session 4	June 28 - July 2	_____	_____
Session 5*	July 5 - 8 (M-Th)	_____	_____
Session 6*	July 13 - 16 (T-Fr)	_____	_____
Session 7*	July 19 - 22 (M-Th)	_____	_____

* Sessions 5, 6 and 7 are four day camps. The cost is \$305 for a full day; \$245 for a half day.

Circle Ability Level:

- Beginner** This is not a swim lesson program. Campers must be able to complete 25 yds free and back.
- Intermediate** Campers must be able to swim 50 yds of free and back and have a basic knowledge of fly and breast.
- Advanced** For campers who can swim all four strokes but lack significant competitive experience.
- Young Competitor** For 7-8 year old **competitive** swimmers only.

Health Fact Sheet

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PLEASE PRINT CLEARLY AND COMPLETE ALL INFORMATION.

PART A : TO BE COMPLETED BY PARENT/GUARDIAN

CHILD'S NAME _____
 LAST FIRST MIDDLE

HOME ADDRESS _____
 NUMBER & STREET CITY STATE ZIP

DATE OF BIRTH _____ PLACE OF BIRTH _____ U.S. CITIZEN YES _____ NO _____

PARENT'S (or GUARDIAN'S) NAME _____ RELATIONSHIP _____

ADDRESS (IF DIFFERENT) _____
 NUMBER & STREET CITY STATE ZIP

EMERGENCY TELEPHONE NUMBERS: SHOULD YOUR CHILD BECOME ILL OR INJURED, PLEASE PROVIDE NUMBERS WHERE A PARENT OR

GUARDIAN CAN BE REACHED. HOME _____ PARENT'S WORK _____ CELL PHONE _____

NEAREST KIN _____
 NAME ADDRESS PHONE #

HEALTH CARE PROVIDER _____
 NAME ADDRESS PHONE #

INSURANCE CARRIER _____
 NAME POLICY #

PERMISSION TO TREAT

The law requires that parental permission be obtained for procedures on minors. The following consent form should be signed by the parents so that such procedures may be promptly carried out, and so that no unnecessary delays will occur with operative procedures; HOWEVER, NO OPERATION WILL BE PERFORMED, EXCEPT IN AN EXTREME EMERGENCY, WITHOUT PARENTS BEING CONTACTED AND FULLY INFORMED.

My (our) child is physically able to participate in the Technique Swim Camp at Harvard and has no medical condition which could affect his/her participation. I (we) will be fully responsible for all medical expenses incurred by my (our) child while attending the Technique Swim Camp at Harvard. I (we) grant the Technique Swim Camp at Harvard the right to take appropriate actions for my (our) child's health and safety, to administer medications which I (we) provide, and to obtain the necessary medical assistance. I (we) have read and freely sign this agreement which shall take effect as a sealed instrument.

DATE _____ NAME _____
 PRINT SIGN RELATIONSHIP

PERSONAL HISTORY

All medical information will be held strictly confidential. Kindly provide details of positive responses in remarks. Please understand that all medication taken at camp must be approved by our Camp Doctor, registered with the camp Health Care Supervisor, and administered by designated camp personnel.

	YES	NO		YES	NO		YES	NO
ALLERGY TO ANY MEDICATION (specify reactions under Remarks)	_____	_____	SEIZURE DISORDER	_____	_____	ASTHMA	_____	_____
MIGRAINE HEADACHES	_____	_____	JOINT INJURY OR DISEASE	_____	_____	DIABETES	_____	_____
DISABLING LOSS OF VISION, HEARING	_____	_____	REACTIONS TO INSECT BITES/FOOD	_____	_____	MENSTRUAL CYCLE	_____	_____
HAYFEVER, HIVES, SEASONAL ALLERGIES	_____	_____	DISORDER OF THE HEART	_____	_____	HEPATITIS	_____	_____
HEART MURMUR OR ANY OTHER	_____	_____	HIGH BLOOD PRESSURE	_____	_____	ANEMIA	_____	_____
						(including Sickle Cell)		

Remarks _____

Does Child use a Medical Device **Will Device be used at Camp?**
 Yes No Yes No

Inhaler _____ _____ _____ _____
 Epi-Pen _____ _____ _____ _____

Please list all medications used on a daily basis:

Medication	Medical Condition	Amount per Dose	# Doses per Day
_____	_____	_____	_____

Will this medication need to be administered during the Swim Camp? _____ Yes _____ No

Health Fact Sheet

PART B: CHILDHOOD ILLNESS HISTORY TO BE COMPLETED BY HEALTH CARE PROVIDER

(Note: A standard physician's Camp Form will be accepted provided it contains the following information)

Child's Name: _____

Immunization History

(Include dates) MEASLES _____ MUMPS _____ RUBELLA _____ CHICKEN POX _____ MONONUCLEOSIS _____

	Date	Date	Date	Date
DPT				
DT				
Polio				
MMR				
HIB-Conjugate				
HEP-B (For children born on or after 1/1/92)				
VARIVAX				
HEP-A				
Other				

TB Screen: _____ No Risk _____ At Risk

TB/PPD applied on ___/___/___ Positive _____ Negative _____

(If P.P.D. positive, please note chest x-ray date and results as well as INH dates under remarks below)

History of reaction to food, serum, drugs or medicine? _____ No _____ Yes Explain _____

Sex _____ Age _____ Height _____ Weight _____ BP _____ Pulse _____ Resp _____

#	System	Satisfactory	Unsatisfactory	Describe Abnormality
1	Skin			
2	Eyes			
3	Ears			
4	Nose, Throat			
5	Neck, Thyroid			
6	Chest, Breast, Lungs			
7	Heart Rate			
8	Heart Rhythm			
9	Liver, Kidneys, Spleen			
10	Hernia			
11	Back, Spine			
12	Joints			
13	Neurological			

The following abnormalities should be noted: _____

Please indicate any medications taken and how many times per day _____

The patient ___ does ___ does not have a history of emotional, psychological or psychiatric disturbance.

Patient may participate in camp activities: _____ without restriction _____ with the following restrictions

Restrictions: _____

HEALTH CARE PROVIDER

Name _____ Address _____

Signature _____ Date _____ Phone (____) _____