

Camp Application Summer 2008

For Camp Use Only

PLEASE PRINT CLEARLY

| | | | | | | | | |
|--|-------------|--------------------------------|--|-----|---|---|----|--------------|
| Camper's Last Name | | First Name | Nickname (<i>preferred name at Camp</i>) | | | | | |
| Street Address | | City | State | Zip | | | | |
| (_____) _____ Home Phone # | | _____ | _____ | | | | | |
| Camper's Date of Birth | | Camper's Age as of 6/16/08 | | | | | | |
| Male_____ | Female_____ | Adult T-shirt size: | XS | S | M | L | XL | (circle one) |
| _____ | | (_____) _____ | | | | | | |
| Parent/Guardian's Name | | Parent/Guardian's Work Phone # | | | | | | |
| _____ | | (_____) _____ | | | | | | |
| Parent's e-mail address (please print clearly) | | Parent/Guardian's Cell Phone # | | | | | | |

Please answer the following question:

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

.....

In consideration of the Technique Swim Camp permitting the undersigned to enter into certain of your premises or to utilize certain of your facilities, or both, such as Blodgett Pool and the Barletta Natatorium, 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/Legal Guardian

Signature of Parent/Legal Guardian

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. All rights to these images are assigned to the Technique Swim Camp 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.

Signature of Parent/Legal Guardian

Date

Camp Application

Summer 2008

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
P.O. Box 26
Belmont, MA 02478

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

**Please check the desired session(s) below.
Because sessions fill quickly, please indicate a first and second choice:**

Camps at Harvard University (Ages 7-17)

Circle One Program Option
(see description below)

5 Day
Cost: \$425

4 Day
Cost: \$340

| | | | | <u>Novice</u> | <u>Camp</u> | <u>Levels</u> | | | |
|------------------|--------------------------|---------------------------------------|-------------------|---------------|--------------|---------------|-------|-------|--|
| Session 1 | June 16 - June 20 | Competitive | Young Competitive | Beginner | Intermediate | Advanced | _____ | | |
| Session 2 | June 23 - June 27 | Competitive | Young Competitive | Beginner | Intermediate | Advanced | _____ | | |
| Session 3 | June 30 - July 4 | No Camp due to Olympic Trials. | | | | | | | |
| Session 4 | July 7 - July 11 | Competitive | Young Competitive | Beginner | Intermediate | Advanced | _____ | | |
| Session 5 | July 14 - July 18 | Competitive | Young Competitive | Beginner | Intermediate | Advanced | _____ | | |
| Session 6 | July 21 - July 24*(M-Th) | Competitive | Young Competitive | Beginner | Intermediate | Advanced | _____ | | |
| Session 7 | July 29 - Aug 1*(T-F) | Competitive | Young Competitive | Beginner | Intermediate | Advanced | _____ | _____ | |

* Four day camp

Camps at Northeastern University (Ages 9-17)

Circle One Program Option
(see description below)

5 Day
Cost: \$425

| | | | | <u>Novice</u> | <u>Camp</u> | <u>Levels</u> | |
|-----------|-------------------|-------------|--------------|---------------|-------------|---------------|-------|
| Session 2 | June 23 - June 27 | Competitive | Intermediate | Advanced | | | _____ |
| Session 8 | Aug 4 - Aug 8 | Competitive | Intermediate | Advanced | | | _____ |
| Session 9 | Aug 11 - Aug 15 | Competitive | Intermediate | Advanced | | | _____ |

- Competitive:** Ages 9-17 (Must be able to legally swim 100 yards of all 4 competitive strokes: butterfly, backstroke, breaststroke and freestyle). Team experience required.
- Young Competitive:** Ages 7-8 (Must be able to legally swim 50 yards of all 4 competitive strokes: butterfly, backstroke, breaststroke and freestyle). Team experience required.
- Novice:** Ages 7-12
- Beginner This is not a swim lesson program. Campers must be able to complete 25 yds free and back. No team experience necessary.
- 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.

Checklist. Before you mail this application, did you:

- ___ Fully complete the application?
___ Fully complete the Medical Form Part A? **Any blank lines or missing information will render the application incomplete.**
___ Have your Physician fully complete Medical Form Part B or **include a copy of a full physical exam given after August 15, 2006?**

Technique Swim Camp

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Summer 2008: Health Fact Sheet: Part A

To be completed by parent or guardian.

Please print clearly and complete all information.

| | | |
|---------------|----------------|--|
| Child Name | | |
| Home Address | | |
| Date of Birth | Place of Birth | US Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/> |

Emergency Contact Information

| | | |
|---|--------------|--------------|
| Parent Name (or Guardian) | Relationship | |
| Home Phone | Work Phone | Mobile Phone |
| Alternate: Name, Address and Phone # | | |
| Pediatrician: Name, Address and Phone # | | |
| Insurance Provider: Name and Policy # | | |

Please accurately complete the following questions.

Inhaler: If your child uses an inhaler, do you give him/her permission to keep the inhaler with him/her at the Technique Swim Camp and to use it as needed? Yes No N/A

Epi-Pen: Will you be registering an epi-pen for your child on the first day of camp? Yes No N/A

My child: is capable of administering the epi-pen without assistance. will require the assistance of an adult to administer the epi-pen.

My child is allergic to: _____

Describe the severity of the reaction: _____

Symptoms of the reaction include: _____

Medication:

My child is on the following medication:

| Medicine | Medical Condition | Amount per dose | # Doses per Day |
|----------|-------------------|-----------------|-----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Will medicine have to be administered at camp? Yes No

If yes, you must complete and sign an **Authorization to Administer Medication form**, in addition to this medical form. The form can be found on our web site.

Agreement

By reading and signing the following Agreement, I/we (hereafter referred to as "I") confirm my understanding of my child's participation in the Technique Swim Camp for one or more weekly sessions during the summer of 2008.

-My child is physically able to participate in the Technique Swim Camp and has no medical condition which could affect his/her participation.

-I will be fully responsible for all medical expenses incurred by my child while attending the Technique Swim Camp.

-I grant the Technique Swim Camp the right to take appropriate actions for my child's health and safety and to obtain the necessary medical assistance.

-I understand that, with the exception of an extreme emergency, no operation will be performed without my being contacted and fully informed.

-I grant the Technique Swim Camp the right to administer medications, which I provide, as indicated above.

-I have read and freely sign this agreement which shall take effect as a sealed instrument.

-I verify that the information on this Health Fact Sheet is accurate.

| | | |
|------|------------------------------------|---------------------------------|
| Date | Parent/Legal Guardian Printed Name | Parent/Legal Guardian Signature |
|------|------------------------------------|---------------------------------|

Technique Swim Camp

Summer 2008: Health Fact Sheet: Part B-Childhood Illness History

To be completed by Camper's Primary Care Physician. Please print clearly and complete all information.

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

Child's Name _____ Child's Date of Birth _____

Immunization History

| | Date | Date | Date | Date |
|--|------|------|------|------|
| DPT | | | | |
| DT | | | | |
| POLIO | | | | |
| MMR | | | | |
| HB-Conjugate | | | | |
| VARIVAX | | | | |
| HEP-A | | | | |
| HEP-B (for children born after 1/1/92) | | | | |
| Other | | | | |

TB Screen: No Risk At Risk

If at Risk, TB/PPD applied on ___/___/_____ Positive Negative

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

Date of Physical Exam _____ Sex ___ Age ___ Height _____ Weight _____ BP _____

| # | 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 restrictions , with the following restrictions

Restrictions: _____

Primary Care Physician:

Name: _____ Address _____

Signature _____ Date _____ Phone _____