

SUMMER CAMP APPLICATION 2018

CHILD INFORMATION

Child's Name	Date of Birth & Age		Grade Completed	
Home Address			,	
Home Phone				
	PARENT(S)) / GUARDIAN	N(S)	
Father's Name		Place Employed		
Home Phone	Cell Phone	<u> </u>	Work Phone	
Mother's Name	<u> </u>	Place Emplyed		
Home Phone	Cell Phone		Work Phone	
Guardian		Place Employed		
Home Phone	Cell Phone		Work Phone	
i	EMERGENCY I	NFORMATIO	N	
Child's Physician:		Phone		
Medications child is currently taking				
Allergies				
Relevant Medical History				
Swimming Level				
Non-Swimmer	Beginner	Intermedi	iateAdvanced	
Other persons to be notified in case of illness or emergency:				
Name	Address		Phone	
Name	Address		Phone	
Person(s) authorized to pick up				
Person(s) not authorized to pick up child				

SUMMER CAMP REGISTRATION, AGREEMENTS & PAYMENT GUIDELINES

- Enrollment and Parent/Guardian Release forms must be filled out completely for each child prior to the first day of camp.
- The Riverfront Swim Club Summer Camp Program agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible if requested.
- If there is an objection to seeking emergency medical care, a statement which states
 the objection and the reason for the objection must be obtained from the parent or
 quardian.
- The parent/guardian certify that their child is physically fit to take part in all activities.
- Children must be registered for each camp week. Advanced registration and deposit secures your child's space in the camp.
- All registrations will be made at the Swim Club during normal scheduled office hours.
- Due to limited availability, camp registration will be accepted on a first come, first served basis.
- There is a campers limit with each camp program.
- Full payment is due by the Friday prior to the camp week. There will be no payments accepted on the day of camp.
- There will be no refunds for days not attended that were scheduled.
- Payment by check is preferred. Please make checks payable to The Riverfront Swim Club.

RELEASE AND ASSUMPTION OF RISK

I/we, the undersigned parent/guardian, herby consent to my child's enrollment in the Riverfront Swim Club, L.L.C. Explorer's Summer Camp program, field trips or activities. I/we understand my/our child shall be under the care and direction of club staff. I/we are also aware that my/our child will be participating in activities that involve certain risks and give my consent to have my/our child medically treated by club staff for minor injuries, and by Emergency Medical Technicians in an emergency. In consideration of Riverfront Swim Club, L.L.C. making its facilities, activities and/or programs available to me/us for the above event, I/we hereby agree to indemnify and hold harmless the Riverfront Swim Club, L.L.C., its affiliates, members, employees, agents, and each of their successors and assigns from and against any and all claims of any kind or nature whatsoever arising out of or in connection with such event, program or activities and any resulting costs, expenses, charges or damages (including but not limited to attorneys' fees and court costs) related thereto other than with respect to claims resulting solely from the willful misconduct or gross negligence of Club staff.

CTCNIATURE

	SIGNATURE			
Parent/Guardian (Please Print)	Signature	Date		
Parent/Guardian (Please Print)	Signature	Date		