



# REGISTRATION FORM

## 2017 CHILDREN & YOUTH SUMMER SWIM CAMP AGES 5 & UP (ALL ABILITIES)

Starting June 20, 2017

ONLY \$55  
PER CHILD

T-W-Th-F 3:00 -5:00 PM

**ACTIVITIES INCLUDES: GROUP SWIM LESSONS, WATER POLO INTRODUCTION, REC. SWIM, GAMES & SNACKS, NUTRITION AWARENESS AND A FIELD TRIP TO HORSE STABLES!**

Camper's Last Name: \_\_\_\_\_ Camper's First Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Does your child have an IEP? YES NO

[ ] Male [ ] Female Grade for next school year \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_\_ Disability \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_ Additional Parent/Guardian: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Email: \_\_\_\_\_

In case of emergency, you may contact or release my child to:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_  
Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Date of last tetanus shot \_\_\_\_\_

Please list any allergies or intolerance to food, medication, etc., (Penicillin, bee stings, peanuts, dairy, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special, physical, emotional or mental conditions or limitations.

\_\_\_\_\_  
\_\_\_\_\_

My Child should not engage in the following activities.

\_\_\_\_\_

\*Participants may be grouped according to their ability to swim and or learn to swim and not necessarily by their age.

## PARENT AUTHORIZATION

My child has permission to engage in all camp activities except those noted below. I understand and acknowledge that Summer Swim Camp at California Aquatic Therapy & Wellness Center (dba Pools of Hope) activities have an increased risk of injury. I agree to assume full responsibility for my child's safety and well being while he/she is participating in the Summer Swim Camp at the Pools of Hope. I therefore waive, release, hold harmless and discharge Pools of Hope from any and all demands, liability, claims, causes of action for bodily injury, illness or property damage arising out of my child(ren)'s participation in the Summer Swim Camp at Pools of Hope. I understand that under this release I am financially responsible for any medical treatment and or emergency necessary care for my child(ren) resulting from participation in Pools of Hope Summer Swim Camp. Should it be necessary for my child to have medical treatment while participating at the Summer Swim Camp at Pools of Hope and field trips, I give my permission to Pools of Hope personnel to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis, treatment, hospital care and transportation of my child(ren) to any hospital. I hereby indemnify Pools of Hope and any representative thereof from any liability because of the exercise of such consent. I understand that in order for Pools of Hope to provide for my child(ren)'s safety it is necessary for me to report any physical, mental, emotional or any other conditions or limitations of my child(ren) to the program. Pools of Hope may use pictures of my child(ren) in its promotional material. I understand that my child may be permitted from attending the Summer Swim Camp if his or her behavior is deemed by the Pools of Hope staff as inappropriate, this includes the omission of following the Pools of Hope rules. This agreement is made in good faith and is signed by me freely and voluntarily without undue influence, duress, mistake, mental weakness or incapacity. It is further understood that this is my true intent and is not subject to subsequent oral modification. This form may be photocopied for use out of Camp. Any dispute shall be submitted to binding arbitration using the rules of Judicial Arbitration Mediation Services in Long Beach or Los Angeles. I waive my right to a jury trial. By signing this agreement I understand that this is a one month camp and there are no make-up days for days missed.

I agree to notify Pools of Hope via email at [info@caaquatictherapy.com](mailto:info@caaquatictherapy.com) or phone (310) 537-2224 on the day(s) when my child(ren) will not be attending Camp. I have read and understand the foregoing statements.

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Signature of Parent or Guardian

Date

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**FOR OFFICE USE ONLY:**

Date Payment Received: \_\_\_\_\_ Amount Received: \$ \_\_\_\_\_

Staff Initials: \_\_\_\_\_

Method of Payment (Circle One)

Cash      Check      Credit Card

Please staple copy of receipt to registration form.