

CCS 2018 Summer Middle/High School Swim Camp Registration Form

Complete one form for each student.

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| <input type="checkbox"/> Girls Swim (Grades 6-12th) <input type="checkbox"/> Boys Swim (Grades 6-12th) |
| 5 days, July 23 - July 27, 10:00am-12:00noon at Oviedo Aquatic Center in Oviedo |
| \$60.00 for the whole week, payment due at registration |

Name _____ Nickname (if preferred) _____

Age _____ Birth date _____ Grade _____ Sport Experience: New _____ Informal play _____ Competitive/League play _____

Tee-shirt size Youth Small Y M Y L Y XL Adult Small A M A L A XL

Address _____ Home Phone _____

Parent's Names _____ Parent's E-mail _____

Mother's cell/work _____ Father's cell/work _____

Emergency Contact: Name _____ Phone _____

Does the child have any physical or medical limitations, including allergies and any prohibited medications or activities? _____

We look forward to having your child participate. Please provide any other information you feel we should know as we work with your child.

Verification of Hospitalization Insurance of Child

Company: _____ Policy/ I.D _____

CONSENT AND RELEASE

By my signature below

- I agree to release and hold harmless Circle Christian School, its staff and employees, and the facility hosting the program from any liability in the event that any member of my family, including myself, incurs injury while attending activities related to this program.
- I hereby authorize and consent for the officials of Circle Christian School to employ on my behalf a licensed physician for the emergency treatment of my child, in connection with any injury, accident or illness suffered or sustained while involved with a school activity on or off campus or while in transit. Said authorization and consent for emergency treatment includes hospitalization and medical treatment as recommended by said physician.
- I understand that every reasonable effort will be made to notify me of said emergency.
- I do hereby release Circle Christian School of Orlando, Florida from all and any medical or hospitalization expense resulting from any type of accident or injury occurring to our child while in any school activity on or off campus or while in transit.
- I further acknowledge that my child has no known physical problems that would pose a threat to his/her health or the health or well being of others.

Parent signature _____ Date _____