



University of Hawaii Summer Swim Camp 2008



Camper

Name: _____ Age: _____ Gender: M F
 Club Team: _____ Favorite Stroke: _____
 Shirt Size: YS___ YM___ YL___ S___ M___ L___ XL___
 Week of Camp: June 16-20___ June 23-27___ July 7-11___ July 14-18___
 Swimming Background: _____

As a swimmer what do you want to get out of camp? _____

Any other medical conditions that we should be aware of? Allergies?(please include directions)

Parents/Guardian

Name _____ Email _____@_____
 Address _____ Home # _____-_____-_____
 Line 2 _____ Work # _____-_____-_____
 City _____ State _____ Zip _____ Cell # _____-_____-_____
 As a parent what do you want your child to get out of camp? _____

Cleared to pick up camper.

Name: _____	Name: _____
Divers License# _____	Divers License# _____
Cell # _____-_____-_____ _____	Cell # _____-_____-_____ _____
Email: _____@_____ _____	Email: _____@_____ _____
Relation to swimmer _____	Relation to swimmer _____

Mail to: _____ or
 Aaron T. Mahaney – Swim
 1337 Lower Campus Rd
 Honolulu, HI 96822

Download and Email to:
 mahaney@hawaii.edu



University of Hawaii Summer Swim Camp 2008



Name of Child
Last Name _____ First Name _____ MI _____

Program: UH Swim Camp Dates of Program: _____

ASSUMPTION OF RISK AND RELEASE

I, the undersigned, certify that the above named child is in good physical health and is able to participate in all activities of the above name program. I understand and acknowledge that there are inherent dangers and risks involved with participation in the above named program with the University of Hawaii, which include, but are not limited to: activities in and around the pool.

I understand that I/We should be covered during the dates of program above by a private medical and liability policy; and I/We further understand that the University of Hawaii does not provide such insurance or otherwise indemnify individuals with respect to injuries or other liabilities arising out of participation in the above named program. Therefore, in consideration of the above named child being permitted to participate in the above named program, I/We hereby agree to assume all risks and responsibilities surrounding his/her participation in the above named program. I/We have read and understand any and all written materials setting forth the requirements for participation in the above referenced activity, as well as those explained by the instructor(s), and I/We strictly observe them. Further, I/We do for myself, my heirs, executors, and administrators hereby accept full responsibility for my child's participation and agree to indemnify, release and discharge the University of Hawaii, its officers, employees, agents, and assigns from any and all claims or actions for property damage, personal injury, and/or death arising from such participation in the above named program or growing out of or caused by any acts or omissions of the above named child during their participation in above named program.

Signature of Participant: _____ Date: _____

Print Name: _____

MEDICAL CONSENT FORM

I the undersigned, consent to and authorize any medical professional and others working under their supervision to treat the above named child for any injury or illness arising from or related to my participants in the above named program. I further agree to pay any and all medical expenses, costs and other charges and to release and discharge and hold harmless the University of Hawaii, State of Hawaii, its officers, employees, agents and assigns from and against any liability or any claims or demands arising from or connected with such medical treatment or care.

IN CASE OF EMERGENCY:

First Person to Contact: _____

Phone: Home _____ Work _____ Cell _____

Second Person to Contact: _____

Phone: Home _____ Work _____ Cell _____

Physician to Contact: _____ Phone: _____

Signature of Participant: _____ Date: _____

Print Name: _____

Please include a copy of your insurance card