

Olympic Swim Camp

JCC location Camps Registration Form

August 31-September 2 6PM-8PM _____

September 8-10 6PM-8PM _____

Swimmer's Last Name _____ First _____ Middle (initial) _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Cell phone _____

E-Mail _____ Birth date _____ Age _____ Sex _____

Swimmer's USA Swimming Club Name (Optional information for club reimbursement) _____

T-Shirt Size _____

(To receive a free T-shirt, registration and payment must be received before August 10, 2009.)

Camp Cost: \$200 (Non refundable) 10% of the fee goes back to the swimmer's Club.

Please mail this form with a check for the amount of \$200 payable to **Dynamo Swim Team** to:

Dynamo Swim Team (OSC)

PO Box 27

Powell, OH 43065-0027

Contact email: headcoach@dynamoswimteam.org

MEDICAL RELEASE

I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, _____ (NAME OF THE SWIMMER) IS IN GOOD PHYSICAL CONDITION AND HAS NO CONDITION WHICH WOULD IMPAIR PARTICIPATION IN THE PROGRAM. IN CASE OF INJURY, I HEREBY GIVE THE DYNAMO SWIM TEAM AND IT'S COACHING STAFF PERMISSION TO ACT ON MY BEHALF IN SEEKING MEDICAL TREATMENT FROM ANY LICENSED PHYSICIAN, HOSPITAL OR CLINIC FOR MY CHILD IN THE EVENT THAT SUCH TREATMENT IS DEEMED NECESSARY. I GIVE PERMISSION TO THOSE ADMINISTERING MEDICAL TREATMENT TO DO SO USING METHODS DEEMED NECESSARY. I ABSOLVE DYNAMO SWIM TEAM; IT'S COACHING STAFF AND THE JCC FROM ALL LIABILITY WHILE ACTING ON MY BEHALF IN THIS REGARD.

Date _____

Parent/Guardian Name _____

Parent/Guardian Signature _____