

Gustavus Swim Camp

Gustavus Adolphus College, 800 W. College Ave., St. Peter, MN 56082-1498

INFORMATION FORM

(Bring this form with you to check-in)

Name _____ Birth date _____

Address _____

City _____ State _____ ZIP _____

Parents' Names (for minors) _____

Home Telephone (_____) _____ Office Telephone (_____) _____

Person to contact in emergency:

Name _____ Relation _____

Telephone (_____) _____

MEDICAL INFORMATION (Medical exam by physician not required)

Age _____ Sex M F Height _____ Weight _____

Insurance Carrier: _____ Policy # _____

Have you had any serious illnesses in the last two years? YES NO

If YES, what and when? _____

Please report ALL allergies: _____

Name any medications you will be bringing to camp: _____

Are you diabetic? YES NO

Date of last tetanus shot _____ Date of last physical exam _____

Your physician: Name _____ Telephone (_____) _____

Your dentist: Name _____ Telephone (_____) _____

CONSENT: I certify that the above information (regarding myself or child) is correct, to the best of my knowledge. Also, I have read the terms of enrollment (on the back of this page), and I understand them and accept them as stated.

X _____ Date _____

Signature (parent or guardian if minor)

GROUP PREFERENCE: Camp participants are placed in groups according to ability, age and sex. If it is important to you and your friends to be placed together, please list the other people whom you want in your group:

TERMS FOR ENROLLMENT

1. Applications are not accepted unless accompanied by a \$100 deposit.
2. Because the enrollment is limited we reserve the right to refund any applications and to decline, accept, or later reject any participant.
3. No refund is made for late arrival or early departure.
4. Parents are required to sign the medical consent form and to advise the camp staff of ANY medical problems their children have.
5. The camp will operate on the highest safety standards. However it does not assume liability for sickness, disease, or accidents. It can accept no responsibility for losses due to delay or changes in air or other transportation services, sickness, weather, strikes, war, quarantine, or other causes or be liable or be responsible in any way whatsoever for any loss, injury or damage, however caused. The right is reserved to cancel any session.
6. We reserve the right to dismiss any student whose influence is detrimental to the camp. No refund will be made. Any additional travel expenses will be borne by the participant.
7. Gustie swim camps reserve the right to take, process, publish, or otherwise use photographs, movies, and/or videotapes of the applicant as deemed advisable by Gustie swim camps.

MEDICAL CONSENT (to be signed for ALL minors, under age eighteen)

To Gustie Swim Camps, re: _____ (a minor):

The undersigned is either the natural parent or legal guardian of the above-named minor who is enrolled in your swimming school program. In the event of medical or dental treatment to the said minor, we hereby give you full power and authority to do and perform all and every act and thing whatsoever to all intents and purposes as we might or could do if personally present with full power of substitution, including but not limited to the signing of any and all consents, requisite or convenient to obtaining medical, dental, or hospital treatment for such minor. You may rely upon the recommendation of any medical practitioner, dental practitioner, or agency furnishing hospital services in the event they advise you that such minor requires such medical, dental or hospital treatment on an emergency basis. It is mutually agreed that this authorization shall be irrevocable, and any medical practitioner, dental practitioner, or agency furnishing hospital services may rely upon your executing all authorizations on our behalf. It is further mutually agreed that you shall use your best efforts to notify us in the event of such medical, dental or hospital-type emergency.

Signature _____ Date _____

LIABILITY RELEASE (to be signed by all adult participants and by parents of junior participants)

Gustie Swim Camp maintains the highest safety standards. Nevertheless, anything can happen at any given moment on the field of play. The risk of injury while playing swim is ever present. The camp does not take responsibility for any such accidents and/or injuries. Even a heart attack is possible if you push yourself beyond your limits and do not monitor your pulse.

Therefore each participant attending Gustie Swim Camp assumes personal responsibility for his or her own health. Never will anyone be required to do something he or she deems unsafe. Encouragement by instructors or fellow students to accomplish a drill or game can be ignored by you. You remain responsible for your health and safety.

The Gustavus swim campers will swim in the Gustavus Adolphus pool (supervised by Gustavus lifeguards), and eat in the Gustavus Adolphus cafeteria (run by the school, not Gustie Swim Camp). If accidents should occur during non-swimming activities, Gustie Swim Camp is not responsible.

I hereby declare not to hold Gustie Swim Camp responsible for injuries or loss of health acquired while in attendance.

Signature _____ Date _____