

## 2019 DCHS Fall Swim/Dive Camp Registration

Do not include more than one participant per registration form; use blank form to make copies for additional participants. Please mail or bring in registration forms and checks to the Athletic Office, or the Camp Instructor.

<b>Camp #</b>	<b>Camp Title</b>	<b>Date/Time of Camp</b>	<b>Cost of Camp</b>
	<b>2019 DCHS Fall Swim Camp</b>	<b>11/4 – 11/14 3:30pm</b>	<b>\$50.00</b>

Student's Name \_\_\_\_\_ Age \_\_\_\_\_

Parent\Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

Street

City

Zip code

Phone Number \_\_\_\_\_ Work Number \_\_\_\_\_

School student now attends \_\_\_\_\_ Grade (as of 2019 - 2020 School Yr.) \_\_\_\_\_

Emergency Information: If we cannot contact parents, call:

Name Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

I/we (print parents' names) \_\_\_\_\_ in return for my child's opportunity to participate in the 2019 DCHS Fall Swim Camp do hereby exempt and release the Douglas County School District, its directors, officers, employees, and agents from any and all liability, claims, demands or actions whatsoever arising out of any damage, loss or injury that my child or I/we might sustain while my child is participating in the 2019 DCHS Fall Swim/Dive Camp, whether or not such damage, loss or injury results from the negligence of Douglas County School District, its directors, officers, employees, volunteers or agents or any defective equipment. I/we understand that if I/we do not sign this release, then my child will not be permitted to participate in the 2019 DCHS Fall Swim/Dive Camp. I/we hereby represent that I am/we are 18 years of age or older, and that I am/we are the parent(s)/guardian(s) of (insert child's name) \_\_\_\_\_. I/we further acknowledge that no representation or promises by Douglas County School District representatives have been made in induce me to sign this release.

X \_\_\_\_\_  
Signature of Student Date

X \_\_\_\_\_  
Signature of Parent or Guardian Date

### **CAMP ACTIVITIES INSURANCE WAIVER**

I fully understand the Douglas County School District Re. 1 does not provide health or life insurance coverage for the above-named student while he/she is participating in camp activities. I/We further understand that it is my/our responsibility to provide adequate insurance coverage to the above-named student.

X \_\_\_\_\_  
Signature of Parent or Guardian Date

**Please make checks payable to Douglas County Swim and Dive. Your processed check will be your receipt. All returned checks will be assessed a \$20.00 charge.**