

Scan and email completed forms to aucampdirector@gmail.com or fax to 334/844.0703

Camper's Name: _____

Camp Name: **2017 & 2018 Auburn Swim Camps**

Winter Camp Session (s):

- STARTS AND TURNS: Dec 9 - Dec 10**
- BREASTSTROKE CAMP: Dec 29 - Dec 30**
- STROKE CLINIC & COACHES SEMINAR: Jan 15**

MEDICAL CLEARANCE

I hereby certify the named camper is physically able to participate in Auburn University Sports Camp and that I know of no physical impairments which would in any manner limit his/her participation in such program.

Physician's Signature _____ Date _____

OR

Provide any physical accompanied with a physician's signature dated within 12 months of camp with registration or at check-in (State HS physical, etc.)

MEDICAL & INSURANCE INFORMATION

Hospitalization Plan: Claim No. _____ Company _____
 City _____ State _____ Zip Code _____
 Phone _____

FRONT AND BACK COPY OF INSURANCE CARD SHOULD BE INCLUDED

Food Allergies

Medical History (if pertinent):

Allergies, present medication, special considerations:

Parent/Guardian _____

Address _____ City _____ State _____ Zip Code _____

EMERGENCY MEDICAL INFORMATION

NAME PHONE CELL () ()



**AUBURN UNIVERSITY INFORMED CONSENT, VOLUNTARY WAIVER,
RELEASE OF LIABILITY AND ASSUMPTION OF RISKS**

- Camp Name: 2017 & 2018 Auburn Swim Camps
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CAMPER INFORMATION

Camper's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Date of Birth: _____ Gender: M F

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A LEGALLY BINDING DOCUMENT. THIS FULLY SIGNED FORM MUST BE SUBMITTED BY A PARENT OR LEGAL GUARDIAN BEFORE ANY CHILD IS ALLOWED TO PARTICIPATE IN THE ABOVE REFERENCED CAMP.

I, the undersigned, wish for my Child (hereafter "Child") to participate in the above referenced camp (hereafter "Camp") on the date(s) and location indicated above and, in consideration for my Child's participation, I hereby agree as follows:

I acknowledge, understand and appreciate that as part of my Child's participation in the Camp there are dangers, hazards and inherent risks to which my Child may be exposed, including the risk of serious physical injury, temporary or permanent disability, and death, as well as economic and property loss. I further realize that participating in the Camp may involve risks and dangers, both known and unknown, and have elected to allow my Child to take part in the Camp. Therefore I, on behalf of my Child, voluntarily accept and assume all risk of injury, loss of life or damage to property rising out of training, preparing, participating, and traveling to or from the Camp.

I, on behalf of my Child, hereby release Auburn University, its Board of Trustees, Administration, Faculty, Staff, Student Leaders, the Outreach Program Office, the Camp Staff, and all other officers, directors, employees and agents (hereafter "Auburn") from any and all liability as to any right of action that may accrue to my heirs or representatives for any injury to my Child or loss that my Child may suffer while training, preparing, participating and/or traveling to or from the Camp. This agreement is binding on my heirs and assigns.

I, on behalf of my Child, furthermore release, indemnify and hold harmless Auburn from and against any and all liability, actions, debts, claims and demands of every kind whatsoever, specifically including, but not limited to, any claim for negligence or negligent acts or omissions and any present or future claim, loss or liability for injury to person or property that my Child may suffer, for which my Child may be liable to any other person, that may or does arise out of my Child's participation in the Camp. I understand that Auburn accepts no responsibility for my Child's personal property.

In the event of an accident or serious illness, I hereby authorize representatives of Auburn to obtain medical treatment for my Child on my behalf. I hereby hold harmless and agree to indemnify Auburn from any claims, causes of action, damages, and/or liabilities, arising out of or resulting from said medical treatment. I further agree to accept full responsibility for any and all expenses, including medical expenses that may derive from any injuries to my Child that may occur during his/her participation in the Camp.

This RELEASE shall be governed by and construed under the laws of Alabama. I agree that any legal action or proceeding relating to this RELEASE, or arising out of any injury, death, damage or loss as a result of my Child's participation in any part of the Camp, shall be brought only in Lee County, Alabama.

This RELEASE contains the entire agreement between the parties to this agreement and the terms of this RELEASE are contractual and not a mere recital. The information I have provided is disclosed accurately and truthfully. I have been given ample opportunity to read this document and I understand and agree to all of its terms and conditions. I understand that I am giving up substantial rights (including my right to sue), and acknowledge that I am signing this document freely and voluntarily, and intend by my signature to provide a complete and unconditional release of all liability to the greatest extent allowed by law. My signature on this document is intended to bind not only myself and my Child but also the successors, heirs, representatives, administrators, and assigns of myself and my Child.

PARENT OR GUARDIAN MUST SIGN THIS FORM FOR A MINOR UNDER THE AGE OF 19

Camper's Name: _____

Camper's Signature: _____

Date: _____

Parent/Legal Guardian Name: _____

Parent/Legal Guardian Signature: _____

Date: _____

2017-2018 RULES CAMPERS AND PARENTS NEED TO KNOW:

1. Campus regulations prohibit the use of alcohol and other illegal substances. Campers may not possess, use, distribute, or sell alcoholic beverages, drugs, firearms, weapons or fireworks.
2. Participants must attend all workshops, classes, and planned social or recreational activities. Full participation is the only way a camper can gain real value from the camp.
3. Participants must abide by rules and guidelines set by the instructors for each academic facility in use.
4. In accordance with state law, smoking is prohibited by anyone under the age of 19. Smoking is not permitted in any buildings on the AU Campus.
5. Any individual found tampering with any fire equipment (i.e. fire extinguishers, fire alarms, smoke detectors, etc.) will be dismissed from camp immediately. Campers may not interfere with any security system or tamper with locks in student rooms and other areas.
6. All furniture must remain unchanged and kept in place.
7. Vandalism and pranks will not be permitted. Any damages caused in common areas will be charged to the responsible party. Replacement cost will be charged to anyone who removes or damages University property.
8. Leave excess money and valuables at home. Valuables, including jewelry, radios, cd players, iPods, cell phones, etc., may be brought to camp, but only at participant's own risk.
9. Cell phones may not be used during camp sessions.

MEDICAL: In cases where medical attention is necessary, parents will be contacted for approval when possible. We require completion of a medical release form signed by the parent or guardian in order that we may react responsibly in an emergency situation.

WHAT TO BRING

CAMPERS NEED TO BRING:

- ___ Sunscreen
- ___ Swim suits
- ___ 2 Pairs Goggles
- ___ Swim towels (*2- 4 towels for water sessions*)
- ___ Shorts and T-shirts
- ___ Athletic shoes/socks (*for Dryland workout*)
- ___ Snacks and Drinks

Shirts, shorts and shoes are required in all areas outside the pool*

CAMPERS SHOULD NOT BRING

- ◆ Expensive electronic equipment, jewelry, excessive money, gum, or pets.
- ◆ *NOTE: Alcoholic beverages, drugs, firearms, knives, and fireworks are prohibited on the Auburn University Campus. Any items found not to be in compliance with University policy will be confiscated and the appropriate law enforcement action will be taken. Parents will be notified immediately. Smoking is prohibited.*