

Swim Camp Permission & Registration Form

Camper Information

Full Name

Date of Birth

Age

Gender

Address

Parent/Guardian Information

Name

Relationship

Phone Number

Email

Emergency Contact (Other than above)

Name

Phone

Medical Information

Allergies / Medical Conditions

Current Medications

Doctor's Name & Contact

Medical Insurance Information

Permissions

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I give permission for my child to participate in Swim Camp activities.

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In case of emergency, I authorize necessary medical treatment for my child.

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I give permission for photos of my child during the camp to be used for program purposes.

Parent/Guardian Signature

Date