

# San Dieguito Synchro's

## 2018 Synchronized Swimming Summer Camp

Please circle which location your child will attend:

**July 30 - August 3 at Cathedral Catholic High School • 9 - 11 am**

**July 30 - August 3 at Monroe Street Pool • Carlsbad • 9:30 - 11:30 pm**

### Registration and Liability Release Form:

Swimmer's Name: \_\_\_\_\_ Age (as of August 1st): \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent's Names : \_\_\_\_\_

Mom's Cell: \_\_\_\_\_ Dad's Cell: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies, Medications or Special Conditions: \_\_\_\_\_

\_\_\_\_\_

Please enclose your check for \$175.00 per session made payable to San Dieguito Synchro

Mail this form and payment to:

San Dieguito Synchro • 555 Long Crest Drive • Oceanside, CA 92058

### MEDICAL RELEASE:

*In the event that I cannot be reached in an emergency during the dates specified on this form, I hereby give my permission to secure proper medical treatment for my child as deemed necessary.*

Parent or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child attends this event.**

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

### MEDICAL INSURANCE WAIVER -- ONLY AS REQUIRED:

\_\_\_\_\_ (swimmer's name) has no medical insurance. I/We, \_\_\_\_\_ (parent/legalguardian's name), accept full responsibility for medical expenses incurred as a result of an accident or injury during a San Dieguito Synchro sponsored youth activity.

Parent or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



For more information about San Dieguito Synchro and our exciting year round programs, visit our website at [www.SDSynchro.org](http://www.SDSynchro.org)