

San Dieguito Synchro's

2019 Synchronized Swimming Summer Camp

July 29 - August 2 at Cathedral Catholic High School • 9:30 - 11:30 am

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