

CAMPER INFO

Camper #1:

Last Name _____ First Name _____

Sex: Male _____ Female _____ DOB _____ Age as of June 1, 2008 _____

Grade Entering: _____ School Name _____

Grouping Request: Name _____ Age _____ Sex _____

Total for Camper #1: _____

Camper #2:

Last Name _____ First Name _____

Sex: Male _____ Female _____ DOB _____ Age as of June 1, 2008 _____

Grade Entering: _____ School Name _____

Grouping Request: Name _____ Age _____ Sex _____

Total for Camper #2: _____

Grand Total: _____

CAMP FEES

Tuition	Multi-Week Discount	Multi-Sibling Discount	UM Employee Discount
\$225 per week	\$25 off each additional week**	\$25 off each additional sibling signed up in the same week**	\$50 off per week*

\$25 extra for Before or After Care \$50 for both

Please check the weeks you would like to enroll

Session 1: 06/08-06/12 _____

Session 2: 06/15-06/19 _____

Session 3: 06/22-06/26 _____

Session 4: 06/29-07/03 _____

Session 5: 07/06-07/10 _____

Session 6: 07/13-07/17 _____

Session 7: 07/20-07/24 _____

Session 8: 07/27-07/31 _____

All payments must be made in full at the time of registration.

We accept Visa, MasterCard, personal check, and cash. **Please make checks payable to Hurricane Aquatics.**

*UM Employees must show proof of employment to receive discount. Fax or email a copy of business card or Cane ID.

**All discounts are subject to NCAA Rules and Regulations.



REGISTRATION FORMS

Parent/Guardian:

Please circle one of the following:

Are you the child's parent? Yes No

Are you the child's legal guardian? Yes No

Last Name _____

First Name _____

Last Name _____

First Name _____

Phone numbers: Home _____

Cell _____

Bus _____

Email Address _____

Home Address: Street _____

City _____ State _____ Zip Code _____

In Case of Emergency:

I authorize Hurricane Aquatics Sports Camp to administer first aid:

Yes _____ No _____

Describe any medical conditions or allergies your child might have: _____

Emergency Contact (if parent/guardian cannot be reached):

Relationship _____

Last Name _____

First Name _____

Phone numbers: Home _____

Cell _____

Bus _____

*Please attach a copy of your child's current health certificate, HRS Form 3040 and 680, or ACA FM08 signed by a Florida physician and dated no earlier than Jan. 1, 2008

The University of Miami, as well as Compliance office requires that we also have your camper's health insurance information, please write the information below or attach a copy of the camper's health insurance card.

Camper's Insurance Company _____

Campers Insurance Policy Number _____

Parents:

Please read the following and initial where indicated.

CANCELLATION/REFUND POLICY

Full payment is due at the time of registration to reserve your child's space in camp.

There is a \$50 non-refundable fee for ANY cancellations. Full refunds, minus \$50, will be given to those who cancel their registration 7 days prior to the start of the week registered for.

Exchanges will be accommodated, as space is available.

Initial _____



Hurricane Aquatics Sports Camp reserves the right to call a parent and have a child be picked up if a disciplinary problem arises. If problems persist, we reserve the right to expel your child without refund.

Initials_____

If you drop off your child prior to 8:45am or after 9:00am, the camp is not responsible for your child getting to the pool area. Counselors will be at the circle from 8:45am-9:00am.

Initials_____

Hurricane Aquatic Sports Camp is not responsible for any lost or stolen items. Campers will be provided with lockers to secure their belongings. However, the campers should bring only those items needed for camp. Please write the camper's name on his/her belongings.

Initials_____

To participate in the Hurricane Aquatics Sports Camp, each camper must be comfortable in water depths that exceed his/her height. If you are not sure that your child is able to fulfill this part of the camp requirement, please contact our office. There will be no refunds given due to inability to swim.

Initials_____

Hurricane Aquatics Sports Camp involves a great amount of outdoor activities. Sunscreen is very important, and the parent should apply it on the child prior to arriving at camp. Camp counselors will remind and assist with the re-applying of sunscreen throughout the day. Hurricane Aquatics Sports Camp is not liable for sunburn on the camper(s).

Initials_____

Hurricane Aquatics Sports Camp reserves the right of final camper placement. Hurricane Aquatics Sports Camp will place campers in groups with children of similar age.

Initials_____

Hurricane Aquatics is not responsible for parking violations. All parents must abide by University of Miami parking policies. There is metered parking for visitors and hourly parking passes are available for the parking garages. A valid University of Miami parking permit is required in all parking lots Monday through Friday 8am to 4pm.

Initials_____

In the case of an emergency, I give Hurricane Aquatics the permission to administer proper first aid and emergency medical procedures to ensure the health and safety of my child.

Initials_____

We, the parents/legal guardians of _____ hereby give our permission for him/her to participate in the Hurricane Aquatics Sports Camp. For and in consideration of the Hurricane Aquatics Sports Camp, we agree to release and forever discharge the University of Miami, Hurricane Aquatics, its coaches and staff members from any and all liabilities, demands of claims for loss or damage resulting from any injury or damage which may be sustained on account of his/her participation in the Hurricane Aquatics programs, practice sessions, and traveling to this program or to competitions. Hurricane Aquatics is also not responsible for your child before or after scheduled practice or lesson times.

Signature: _____ Date: _____Hurricane Aquatics is a separate entity from the University of Miami.



REQUIRED WAIVER

Camper Name: _____

In the event of injury to or illness of our son/daughter/ward, _____, born on this date: _____, I (we) hereby authorize the University of Miami, or representatives thereof, to admit the above named individual to a facility for emergency medical treatment as may be deemed necessary to his or her health welfare. It is the responsibility of the parent/guardian to inform the camp in writing of any changes.

The undersigned hereby consents to whatever medical treatment is deemed necessary. The undersigned on his or her behalf of the individual named above, their heirs, assigns and personal representatives, hereby release the University of Miami, its trustees, officers, faculty, and employees from any and all claims arising out of the admission to, or treatment administered by, such facility.

ASSUMPTION OF RISK AND RELEASE

The undersigned hereby acknowledges and agrees that participation in the camp and related activities carries with it an inherent risk of physical injury. In consideration of the registrant's participation in the camp, the undersigned, on behalf of the registrant, hereby assumes all such risks of physical injury and does hereby release and forever discharge the University of Miami, its trustees, employees and agents from any and all liability, claim, or loss arising from bodily injuries or damage to personal property resulting from the registrant's involvement and/or participation in the camp.

PHOTOGRAPHIC RELEASE

I hereby authorize the University of Miami and the members of its staff to take such photographs, for websites, television recordings and/or live television transmission of the registrant in whole, or in part, as they or members of the staff may wish, and to use and publish the same in such places and publications as the University of Miami or its staff in its sole discretion consider to be of benefit to said University. I hereby waive any rights that I may have to inspect and/or approve the finished product that may be used here under or the specific use to which it may be applied.

The undersigned hereby acknowledges that he/she is the legal guardian of the camp registrant and has read and agrees with the Consent to Medical and/or Surgical Treatment, Assumption of Risk and Release and Photographic Release stated above.

Signature of Parent or Guardian _____ Date _____

