



East Coast Synchro Camp

2015 Summer Camp Registration

July 19-24, 2015

For each camp participant please remit the following 4 items to East Coast Synchro Camp, 2127 Piney Knoll Ln., Charlottesville, VA 22911 to complete your registration

1. Completed and signed camp registration form (please keep this page and page 2 together)
2. Completed and signed medical release form and, if applicable, completed medication administration form
3. Photocopy of front and back of medical insurance card
4. \$595 check made payable to East Coast Synchro Camp. \$525 check if registration completed and returned before May 15, 2015*.

Participants must be able to swim at least 50 yards of freestyle, back stroke, and breast stroke and must have at least 1 year of synchronized swimming experience.

Participant Name _____ Age _____ DOB _____

USA Synchro Member #: _____ Synchro Club Affiliation: _____

Parent/Guardian Name(s) _____

Email (communication about camp will be sent to all addresses listed): _____

Address _____
(Street Address) (City, State, Zip Code)

(Please circle primary contact number) Home Phone _____

Mother (Cell) _____ Father (Cell): _____

Emergency Contact: Name: _____ Phone: _____

How did you hear about us? _____

General Releases

By the enrollment of my child in this program I certify that I have disclosed to this facility and to the instructor any restrictions or conditions that may hinder myself and/or my child's participation in this program. In signing this waiver, I also give my permission for myself and/or my child to participate in all activities associated with this program, including those activities requiring or involving transportation. I furthermore hereby release, discharge and hold harmless Fork Union Military Academy and East Coast Synchro Camp, its employees, volunteers, instructors and contractors from all actions, claims demands and costs for any injury or illness suffered by myself and/or my child as a result of participation in this program and associated activities.

_____/_____/_____
 Participant Signature (Parent/Guardian if under age 18) Date

Do you give permission for your child's photograph, video, quotations and/or information to be used for educational purposes and publications including: newspapers, radio, television, newsletters, photographic displays, and publications such as news releases, pamphlets, brochures, websites, and flyers? Yes No

Signature of Parent/Guardian: _____ Date: _____/_____/_____

*Payment is for full week; we do not prorate camp fees. Payments are non-refundable.



East Coast Synchro Camp

2015 Summer Camp Registration (page 2)

July 19-24, 2015

Please keep this page together with the first page of the registration form.

Special dietary needs: _____

Bunking request: _____

Anything else you need us to know: _____

T-Shirt Size

___ YSm ___ YMed ___ YLg Adult sizes: ___ Sm ___ Med ___ Lg ___ XL

All camp participants will receive a T-shirt!

Swim Suit Size:

___ 24 ___ 26 ___ 28 ___ 30 ___ 32 ___ 34 ___ 36 ___ 38

Costumes may be made for the final watershow performance.

Synchronized Swimming Experience

Number of years competing: _____ Average Figure Score: _____

All swimmers will be evaluated upon arrival on Sunday afternoon. This information will allow us to properly staff and plan the camp.

Transportation

Airport pickup needed*? ___ Yes ___ No

If "Yes" it is your responsibility to provide flight information to camp administration no later than July 5th, 2015. This information can be sent to samanthaelhart@yahoo.com

**Airport pickup is available only for Charlottesville-Albemarle Airport (CHO). Pickup is available on Sunday, July 19th from 10:00 am – 2:00 pm with transportation provided from the airport to Fork Union. Transportation from camp to the airport on Friday, July 24th will be provided, as well, however Fork Union is over 1 hour from the airport, camp officially ends at 12:00 pm, and therefore flight departures should not be scheduled before 1:00 pm.*

Detailed information regarding camp schedule will be distributed separately from this registration. In the meantime for more details feel free to email Coach Sam at samanthaelhart@yahoo.com.



East Coast Synchro Camp

2015 Medical Release Form

Participant Name _____ Age _____ DOB _____

Insurance Information:

Medical Insurance Carrier: _____

Policy Number: _____ Group Number: _____

Policy Holder's Name: _____

Name of Dental Insurance Carrier: _____

Dental Policy Number: _____ Dental Group Number: _____

Dental Policy Holder's Name: _____

Medical & Physical Information:

Is the participant suffering from or being treated for any current medical condition(s)? Yes No

If "Yes" please explain: _____

Known food allergies: _____

Known drug allergies: _____

Please describe any significant or pertinent medical conditions that would prevent your swimmer from fully engaging in the synchronized swimming camp:

I authorize East Coast Synchro staff to administer ibuprofen (Advil) or acetaminophen (Tylenol) for pain or fever if needed. Yes No

Signature of Parent/Guardian: _____ Date: ____/____/____

Medication Information and Authorization:

Does participant require prescription medications during camp dates? Yes No

If "Yes" you must complete a section on the medication administration form for each prescribed medication.



East Coast Synchro Camp

2015 Medication Administration Form

If you checked "Yes" to prescription medication requirement then you must complete this form.

Participant Name _____ Age _____ DOB _____

Drug/Medication: _____ for (condition) _____

Dosage and frequency: _____

Administration instructions: _____

Storage instructions: _____

Prescribing physician: _____ Phone: _____

Drug/Medication: _____ for (condition) _____

Dosage and frequency: _____

Administration instructions: _____

Storage instructions: _____

Prescribing physician: _____ Phone: _____

Drug/Medication: _____ for (condition) _____

Dosage and frequency: _____

Administration instructions: _____

Storage instructions: _____

Prescribing physician: _____ Phone: _____

I hereby authorized East Coast Synchro Camp, its staff and employees to monitor and administer the above medication(s) for my child during the camp session, July 19 – 24, 2015

Signature of Parent/Guardian: _____ Date: ____/____/____