

**COACH B's AQUATICS
2016 SUMMER CAMP SELECTION FORM
PLEASE COMPLETE ONE FORM PER CHILD
(REGISTRATION DEADLINE: MAY 31st)**

Any registrations received after deadline, will result in a \$10 late fee per child.

CHILD'S NAME: _____

***COACH B's BEACH CAMP – DELNOR WIGGINS PASS STATE PARK:**
CAMP DATES: JUNE 6-AUGUST 5TH

****PLEASE NOTE: There will NOT be BEACH CAMP the week of July 4-8.***

\$200 - First Week

\$175 - Each Additional Week

\$45 - Daily Rate

WEEK 1 (June 6-10) _____ WEEK 2 (June 13-17) _____ WEEK 3 (June 20-24) _____

WEEK 4 (June 27-July 1) _____ WEEK 5 (July 11-15) _____ WEEK 6 (July 18-22) _____

WEEK 7 (July 25-29) _____ WEEK 8 (August 1-5) _____

***CAMP REC AT THE VILLAGE SCHOOL & NORTH NAPLES UNITED METHODIST CHURCH**
CAMP DATES: JULY 4-15

****PLEASE NOTE: There are only 2 WEEKS of CAMP REC this summer. Space will be VERY limited.
EARLY REGISTRATION is recommended to guarantee a space for your camper!***

(1 CHILD): \$200/Week ... \$150 - Each additional week

(2 CHILDREN): \$350/Week... \$300 - Each additional week

(3 CHILDREN): \$475/Week... \$400 - Each additional week

WEEK 1 (July 4-8) _____ WEEK 2 (July 11-15) _____

All payments must be made in FULL at the time of registration. Checks may be made payable to COACH B's AQUATICS, LLC. All payments, along with completed registration forms, may be mailed to:

**Coach B's Aquatics, LLC
13650 Fiddlesticks Blvd.
Suite 202-338
Fort Myers, FL 33912**

FOR OFFICE USE ONLY

COACH B'S BEACH CAMP - TOTAL AMOUNT PAID: _____

CASH: _____ **CHECK #:** _____

COACH B'S CAMP REC - TOTAL AMOUNT PAID: _____

CASH: _____ **CHECK #:** _____



DESTINATION RECREATION

**SPORT PARTICIPANT RELEASE OF LIABILITY, WAIVER OF CLAIMS,
EXPRESS ASSUMPTION OF RISK AND INDEMNITY AGREEMENT.**

Please read and be certain you understand the implications of signing.

Express Assumption of Risk Associated with Sport, Venue Use and Related Activities.

I, _____ do hereby affirm and acknowledge that I have been fully informed of the inherent hazards and risks associated with the program activities I will be participating in with Coach B's Aquatics, LLC. **Inherent hazards and risks include but are not limited to:**

1. Risk of injury from the activity and equipment utilized is significant including the potential for broken bones, severe injuries to the head, neck, and back or other bodily injuries that may result in permanent disability and death.
2. Possible equipment failure and/or malfunction or misuse of my own or others' equipment.
3. I AGREE THAT I WILL WEAR PROTECTIVE GEAR AS DIRECTED BY AGENTS FOR COACH B'S AQUATICS, LLC. However, protective gear cannot guarantee the participant's safety. I further agree that no helmet can protect the wearer against all potential head injuries or prevent injury to the wearer's face, neck or spinal cord.
4. Variation and/or steepness of terrain, variation or changes in surfaces including but not limited to snow surfaces, ice, bare spots, rocks, stumps, debris, cliffs, trees, fences, posts, trees, light poles, signs, buildings, roads, walkways, ramps, rails, stairs, pyramids, manual pads, bowls, half-pipes, jumps, padded and non-padded barriers, other persons, and other natural and man-made hazards.
5. My own negligence and/or the negligence of others, including but not limited to operator error and decision making including misjudging terrain, weather, riding surfaces or other obstacles.
6. Exposure to the elements and temperature extremes may result in frost nip, frost bite, heat exhaustion, heat stroke, sunburn, hypothermia and dehydration.
7. Dangers associated with exposure to natural elements include but are not limited to avalanche, rock fall, inclement weather, thunder and lightning, severe and or varied wind, temperature and other weather conditions.
8. Accidents or illness occurring in remote places where there are no available medical facilities.
9. Fatigue, exhaustion, chill, and/or dizziness, which may diminish my/our reaction time and increase the risk of accident.
10. Impact or collision with other athletes, program participants, spectators, facility employees, pedestrians, motor vehicles, and cyclists.

***I understand the description of these risks is not complete and unknown or unanticipated risks may result in injury, illness, or death.**

Release of Liability, Waiver of Claims and Indemnity Agreement

In consideration for being permitted to participate in the above described activity(ies) and related activities, I hereby agree, acknowledge and appreciate that:

1. **I HEREBY RELEASE AND HOLD HARMLESS WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH**, or loss or damage to person or property, **WHETHER CAUSED BY NEGLIGENCE OR OTHERWISE**, the following named persons or entities, herein referred to as releasees.

Jason J. Baumgardner / Owner-Program Director /Coach B's Aquatics, LLC
Owner (Company and/or Person)

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AuthorizedSignatureof Program Participant

Date



LLC

DESTINATION RECREATION

- 2. To release the releasees, their officers, directors, employees, representatives, agents, and volunteers from liability and responsibility whatsoever and for any claims or causes of action that I, my estate, heirs, survivors, executors, or assigns may have for personal injury, property damage, or wrongful death arising from the above activities whether caused by active or passive negligence of the releasees or otherwise. By executing this document, I agree to hold the releasees harmless and indemnify them in conjunction with any injury, disability, death, or loss or damage to person or property that may occur as a result of my engaging in the above activities.
- 3. By entering into this Agreement, I am not relying on any oral or written representation or statements made by the releasees, other than what is set forth in this Agreement.
- 4. This agreement shall apply to any and all injury, disability, death, or loss or damage to person or property occurring at any time after the execution of this agreement.
- 5. All questions concerning this Agreement, including but not limited to construction, validity, interpretation, and enforcement shall be governed by the law of the State of Florida, county of Lee, without reference to conflict law principles. Any action or proceeding in connection with this Agreement shall be brought in the Twentieth Judicial Circuit of the State of Florida, County of Lee; the below named participant and/or his/her authorized representative by their execution of this Agreement hereby consent to the jurisdiction and venue thereof. In any such action, the prevailing party shall be entitled to recover all costs associated with the action, including reasonable attorney's fees

This release shall be binding to the fullest extent permitted by law. If any provision of this release is found to be unenforceable, the remaining terms shall be enforceable.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, I FULLY UNDERSTAND ITS TERMS, I UNDERSTAND THAT I HAVE GIVEN UP LEGAL RIGHTS BY SIGNING IT, AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

S/ _____

Signature of Adult Participant

Name of Adult Participant (Please Print)

Date _____

FOR PARTICIPANTS OF MINORITY AGE: This is to certify that I, as Parent, Guardian, Temporary Guardian with legal responsibility for this participant, do consent and agree not only to his/her release of all Releasees, but also to release and indemnify the Releasees from any and all liabilities incident to his/her involvement in these programs for myself, my heirs, assigns, and next of kin.

S/ _____

Signature of Parent or adult legal Guardian if Participant is a Minor, and by their signature, they on my behalf release all claims that both they and I have

Name of Parent or adult legal Guardian (Please Print)

Name of Minor (Please Print)

Date

**Coach B's Aquatics, LLC
Destination Recreation
Registration and Health Form**

Please fill out one Registration Form per child. Thank You!

Child Name: _____ D.O.B/ Age: _____

Grade Entering in the Fall: _____ Hair Color: _____ Eye Color: _____ Height: _____ Weight: _____

Mother/Father's Name: _____ Guardian/Babysitter/Other Name(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Mother Cell: _____ Father Cell: _____

Guardian/Babysitter/Other(s) Cell: _____ Family E-mail: _____

In Case of Emergency Please Call: _____ Phone: _____

Please Check Any of the Below Options that Apply to the Child.

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Frequent Headaches | <input type="checkbox"/> Child carries an Inhaler/Epi-Pen/Glucose Meter | |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> ADHD or ADD | <input type="checkbox"/> Allergies (bees, food, medications, etc.) | |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Physical Limitations | <input type="checkbox"/> Hearing Difficulty | <input type="checkbox"/> Frequent Ear Infections |
| <input type="checkbox"/> Speech Difficulty | <input type="checkbox"/> Heart Defect/Disease | <input type="checkbox"/> Child Wears Glasses | <input type="checkbox"/> Vision Difficulty |
| <input type="checkbox"/> Fainting | <input type="checkbox"/> Emotional Problems | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Behavioral Problems |
| <input type="checkbox"/> Special Considerations/Other: _____ | | | |

Is your child up to date on all shots? _____

Has your child ever had surgery? Please explain: _____

Female campers: Has the girl menstruated? If not, has it been explained? Is the history normal? _____

This participant has special food needs. Please elaborate: _____

Please list ALL medications (including over-the-counter or non-prescriptive drugs) taken daily.

All medication administered at camp must be in the original package/bottle that identifies the prescribing physician (if prescription drug), the name of the medication, dosage and the frequency of administration.

- | | |
|--|---|
| <input type="checkbox"/> This child takes NO medications on a routine basis. | <input type="checkbox"/> This child carries an Epi-Pen. |
| <input type="checkbox"/> This child takes medications as follows. | <input type="checkbox"/> This child carries an Inhaler. |
| <input type="checkbox"/> This child carries a glucose meter. | |

Medication: _____ Dosage: _____ Time Taken: _____ Reason: _____

Medication: _____ Dosage: _____ Time Taken: _____ Reason: _____

Additional information: _____

Emergency Authorization

This health history is correct so far as I know, and the person herein described has permission to engage in all camp activities except as noted.

Permission to Treat

hereby give permission to the medical personnel selected by the camp director to provide routine health care; to administer medications; to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Signature of parent/guardian _____