



# Mustangs Aquatics Boosters Swim Camp

## Registration Form

Last Name:	First Name:	Middle Initial:	Birth Date:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Address:		City:	Zip:	
Mother's Name:		Father's Name:		
Mother's Occupation:		Father's Occupation:		
Home Phone:	Mother's Work Phone:	Father's Work Phone:		
Email Address:	Mother's Cell Phone:	Father's Cell Phone:		

NOTE: MEDICAL INFORMATION THAT THE COACHING STAFF SHOULD BE AWARE OF MUST BE LISTED ON THE BACK OF THIS FORM OR ATTACH ON A SEPARATE SHEET.

### HEALTH INSURANCE INFORMATION :

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

To whom it may concern:

I grant permission for \_\_\_\_\_ to receive medical treatment for any and all injuries and illnesses  
(camp participant's name)  
sustained or experienced during his/her participation in the Swim Camp activities, included but not limited to emergency first aid, emergency transport to a medical facility, and emergency treatment by medical personnel onsite or at a medical facility.

I hereby relieve Roosevelt Aquatics Boosters, Corona-Norco Unified School District, and any officers, agents or employees of these organizations from any liability in the event of an accident. I also state that my child is physically fit to participate in aquatics. Participants must carry their own health insurance. You may purchase insurance through the district (forms available). I also understand camp fees are due on the first day of practice and no refunds for the camp if my child ceases to participate in the program.

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

Office Use Only									
LTS - \$25	<input type="checkbox"/>	Under 8 - \$90	<input type="checkbox"/>	9 to 13 - \$110	<input type="checkbox"/>	14 to 18 - \$130	<input type="checkbox"/>	Master - \$60	<input type="checkbox"/>
Mar/Apr	<input type="checkbox"/>	May/Jun	<input type="checkbox"/>	Jul/Aug	<input type="checkbox"/>	Sep/Oct	<input type="checkbox"/>	Nov/Dec	<input type="checkbox"/>