

# **PINE CREST SWIMMING**

## **Swim Team Sign Up Form**

**Register:** All swimming team registrants must complete 1) the Personal Information Form; and 2) the Indemnity/Waiver Form

**Refunds:** We do not offer credits, refunds, or make-ups for missed classes.

**Prorates:** We do not prorate any month or portion thereof.

For Office Use Only

First Month's Dues: \_\_\_\_\_

Team Registration Fee: \$100

USA-S Reg. Fee: \$80

Total Due: \_\_\_\_\_

Check \_\_\_\_\_ PC Billing \_\_\_\_\_

### **PERSONAL INFORMATION FORM (PAGE 1)**

Child's Name \_\_\_\_\_ Middle Initial: \_\_\_\_\_ DOB: (MM/DD/YEAR) \_\_\_\_\_

Address: \_\_\_\_\_

City, St., Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_

Parent #1 Name: \_\_\_\_\_ Parent #2 Name: \_\_\_\_\_

P#1 Cell Phone: \_\_\_\_\_ P#2 Cell Phone: \_\_\_\_\_

P#1 Work Phone: \_\_\_\_\_ P#2 Work Phone: \_\_\_\_\_

P#1 Email: \_\_\_\_\_ P#2 Email: \_\_\_\_\_

MEDICAL INFO: In the space provided, list any pertinent health or medical information and instructions or special problems (allergies, drug allergies, asthma, prescriptions, etc.)

Aside from yourselves (the parents of the Swimmer), please indicate (in order) those individuals that you would like the coaches to contact should there be an emergency involving your child.

Swimmer's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Swimmer's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Co Name: \_\_\_\_\_ Policy Holder: \_\_\_\_\_

Subscriber ID: \_\_\_\_\_ Group #: \_\_\_\_\_

Insurance Co Phone: \_\_\_\_\_

Preferred Local Hospital: \_\_\_\_\_

**\*\* Be sure complete Indemnity Waiver Form (attached) \*\***

(Revised August 20, 2008)

# **PINE CREST SWIMMING**

## **RELEASE, INDEMNITY, FINANCIAL RESPONSIBILITY, AND AUTHORIZATION**

Print Swimmers Name \_\_\_\_\_

I understand that all possible precautions are taken to ensure that the program and activities in the Pine Crest Swim Team are conducted in a safe and responsible manner. I further understand that because of the nature of the activities within the program in which I am enrolling my child, regardless of the high degree of supervision, there is a potential for injury during any activity. I recognize these risks and allow my child to participate in all activities offered in the program in which I am enrolling my child. I agree on behalf of my child and myself to assume the risks associated with all activities which occur at the Pine Crest Swim Team. I hereby release and agree to hold harmless Pine Crest Preparatory School, Inc., its officers, trustees, directors, employees, and agents from, and hereby waive any claim, as to any injury or other harm that may occur to my child while attending this program, or any injury or harm that may occur to me as a result of injury or harm suffered by my child. This release and indemnity agreement specifically includes but is not limited to (a) any claim of negligence or negligent supervision against Pine Crest School, its officers, trustees, directors, employees, and agents; (b) any injury or harm that may occur while a child is riding in a vehicle owned or operated by Pine Crest Preparatory School, Inc.; and (c) any injury or harm that may occur while my child is otherwise on the Pine Crest School property, before or after any of the scheduled program hours for any reason whatsoever.

I am responsible for payment of all fees in accordance with the selections I have made and the dates that these payments are due. In cases where more than one party will be sharing the expenses of the fees, each party who signs the application hereby agrees to be responsible for ALL such fees on or before the assigned due dates.

All rules, guidelines, policies, and procedures published in the Pine Crest School student handbook apply to the Swim Team. I understand that I will not be issued a refund if my child is suspended or dismissed due to disciplinary action. I also understand that Pine Crest Swim Team has a no refund policy regarding all deposits and fees. Once reservations are made and fees are paid, I realize that they are non-refundable and make-up days are unavailable. I further understand that refunds will not be issued in the event of a hurricane or tropical storm event or while storm-related repairs are made to the campus.

Pine Crest Swim Team is hereby granted permission to use any individual or group photographs taken during the program showing my child for publicity or brochure purposes.

**THE SIGNATURES OF BOTH PARENTS ARE REQUIRED BELOW:**

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Parent Signature

Date

Parent Signature

Date

# PINE CREST SWIM TEAM MANDATORY HEALTH FORM

This page to be completed by parent or guardian

Please help us care for you child properly. Carefully list any background information concerning your child's personality, medical problems, surgical background, allergies, medication being taken at home or on campus. We do NOT require a physical exam, so please be as complete as possible. This information will be filed with the Nurse. Use a ball point pen and please print.

NAME \_\_\_\_\_

☐ Non-swimmer      ☐ Beginning swimmer      ☐ Swimmer

- Please list any medical conditions or concerns that we should be made aware of (recent surgeries, allergies, etc.)  
\_\_\_\_\_
- Medications taken at home or during the school year: \_\_\_\_\_

|                           |                   |                           |
|---------------------------|-------------------|---------------------------|
| <b>**read carefully**</b> | <b>MEDICATION</b> | <b>**read carefully**</b> |
|---------------------------|-------------------|---------------------------|

*By law, we are unable to administer ANY medicines or over-the-counter comfort remedies (Tylenol, Tums, cough drops, etc.) without the authority of a physician. If your child needs to receive his/her prescription medicine during program hours, they must arrive in a pharmacist's container, where the label clearly states the individual's name, the name of the medicine, the dosage, and the frequency of the dose. We will happily provide name-brand over-the-counter comfort remedies for your child if the Physician Authorization Form is complete.*

*Without the Physician Authorization Form (on reverse side), we can not administer, store, or even supervise your child's medical needs.*

|                                      |                                                   |
|--------------------------------------|---------------------------------------------------|
| <b>LOCAL EMERGENCY PHONE NUMBERS</b> | <b>Numbers will be dialed in the order below:</b> |
|--------------------------------------|---------------------------------------------------|

|                            |      |      |      |
|----------------------------|------|------|------|
| Parent/Guardian            | Home | Work | Cell |
| Parent/Guardian            | Home | Work | Cell |
| Other (state relationship) | Home | Work | Cell |
| Other (state relationship) | Home | Work | Cell |

## PERSONAL PHYSICIAN AND DENTIST

|                           |               |
|---------------------------|---------------|
| Name of Physician         | Office Phone  |
| Name of Dentist           | Office Phone  |
| Name of Insurance Carrier | Policy Number |

If I can not be reached, I give permission for emergency treatment, emergency transportation, hospitalization, anesthesia, or injection, and will be responsible for the bills of same. My authorization does not include major surgery, unless life-threatening, and only then when the medical opinion of two licensed physicians or dentists concur in that treatment.

x \_\_\_\_\_  
Signature of Parent      Date

x \_\_\_\_\_  
Signature of Parent      Date



**PINE CREST SCHOOL  
Swim Team  
MANDATORY HEALTH FORM**

This page must be completed by a Physician

***Physician's Authorization for Medication Treatment***

NAME \_\_\_\_\_

- List any allergies, diagnosis, or emergency precautions that we should anticipate for this individual (allergy triggers, diabetic reactions, etc.). \_\_\_\_\_
- List all medications that are currently prescribed for this individual. Include inhalers, EpiPens, etc.  
\_\_\_\_\_
- Note which medications will be brought, stored, and administered at camp. \_\_\_\_\_
- Does our nurse have your permission to administer these medications?  
☐ Yes      ☐ No
- There are no extraordinary emergency medical services available at Pine Crest. Since only CPR and general first aid are available until emergency help arrives (911), is this adequate for this individual's survival here at this program?  
☐ Yes      ☐ No, Please Specify \_\_\_\_\_

Our infirmary is stocked only with basics.  
Physician, please scratch out items we are NOT permitted to administer.

| MEDICATION                   | DOSAGE  | FREQUENCY | TIMES | INSTRUCTIONS               |
|------------------------------|---------|-----------|-------|----------------------------|
| Tylenol                      | p.o.    | p.r.n.    |       | Headaches                  |
| Advil                        | p.o.    | p.r.n.    |       | Muscular-skeletal pain     |
| Turns/Antacid                | p.o.    | p.r.n.    |       | Upset stomach              |
| Benadryl                     | p.o.    | p.r.n.    |       | Anaphylactic reaction only |
| Antibiotic ointment          | topical | p.r.n.    |       | Abrasions                  |
| Benadryl Cream               | topical | p.r.n.    |       | itching/bug bites          |
| Hydrocortisone Cream 1%      | topical | p.r.n.    |       | Contact dermatitis         |
| Cough Drops/ throat lozenges | p.o.    | p.r.n.    |       | Cough or sore throat       |

Physician's Signature: \_\_\_\_\_

Physician's Name (please print): \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

**Physician - Please complete and sign this form.  
Return it to the parents of the student.**