

Presentation 2008 Summer Swim Camp

Swimmer's Name: _____
 Grade/School Entering in the Fall of 2007: _____
 Parent's Names: _____
 Mailing Address: _____
 City and Zip Code: _____
 Home #: _____ Work #: _____ Cell #: _____
 Contact Email Address(es): _____

Please
Circle

Swimming Experience: Beginner (previous lessons) Intermediate (team experience) Advanced (competitive racing)

Waiver to Participate

I hereby authorize the staff to act for me according to their best judgment in an emergency requiring medical attention and I hereby waive and release the camp, the coaches, Presentation High School, and the Sisters of the Presentation from any and all liability. That includes injuries, illnesses, or loss of property while at camp. I have no knowledge of any physical impairment that would be affected by the named participants in the camp. My signature on this waiver states that the named is covered by my personal medical insurance policy. This waiver of liability expressly includes transportation to, from, or in connection with the camp.

Parent/Guardian Signature: _____ Date: _____
 Athlete Signature: _____ Date: _____
 Emergency Contact: _____ Phone #: _____

Swim CAMPS (\$175/CAMP)

SESSION 1: June 16-19

10:00– 1:00 PM

SESSION 2: June 23-26

10:00– 1:00 PM

SESSION 3: July 14-17

10:00– 1:00 PM

SESSION 4: July 21– 24

10:00– 1:00 PM

WATER LOVERS CAMPS (\$50/CAMP)

WL#1: Friday, June 20- 9 to noon

WL#2: Friday, June 27- 9 to noon

WL#3: Friday, July 11- 9 to noon

WL#4: Friday, July 18- 9 to noon

WL#5: Friday, July 25- 9 to noon

WL#6: Friday, August 1- 9 to noon

mail to: Presentation Sports Camps
 2281 Plummer Avenue
 San Jose, CA 95125
 Attn: Swim Camp

QUESTIONS? Contact Camp Director and Head Swim Coach Marisa Watts Cozort at aquatics@pres-net.com or 408) 979– 3320

Checks payable to: Presentation High School

Full payment is required with your registration and waiver.

*\$35 Administrative Fee will be charged for any cancellation made within 30 days of camp start date.

**No Refund for any cancellation made within 7 days of start date.

FOR OFFICE USE ONLY:
 Check # _____ Date Received _____