

Youth Summer Sports Camp Registration 2019

PLEASE USE SEPARATE APPLICATION FOR EACH CHILD

Name: _____ Boy _____ Girl _____

Age: _____ (Age of child on the first day of their camp session) Date of Birth: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____

Emergency Contact name and daytime phone number: _____

Parent/Guardian Email: _____

Session 1 (June 3 – June 14) _____ Session 2 (June 17 – June 28) _____

Session 3 (July 8 – July 19) _____ Session 4 (July 22 – July 26) _____

Swim Level _____ (Please see lesson descriptions online to identify your child's swim level)

All children are skill tested the first day and the head swim instructor has authority to make changes in swimming groups.

HEALTH INFORMATION

List any illness or medical conditions: _____

Does your child require special medication or special care while at camp? _____

Does your child have any allergies? _____

List any other relevant medical information: _____

I, _____, hereby grant Texas Tech University Recreational Sport permission to authorize emergency medical treatment and guidance for _____ without liability on the part of the University for such treatments.

Signature of Parent or Legal Guardian _____ Date _____

CHILD WAIVER FORM

As a volunteer participant of Texas Tech University, Summer Sports Camp, my child has the opportunity to participate in Summer Sports Camp, located in the Student Recreation Center from _____ through _____ my child is not required to participate in this program and do hereby affirm that my child's participation is voluntary.

I, the undersigned, being of legal guardian/parental care, am aware that the Summer Sports Camp sponsored by the Department of Recreational Sports of Texas Tech University involves risk of bodily injury, death, property damage and other dangers associated with participation in such activity.

In consideration of the above, I the undersigned, do hereby release, indemnify and agree to hold harmless Texas Tech University, its Board of Regents, the Department of Recreational Sports, its officers, agents and employees, from any and all liability associated with injuries, damages, or death arising or resulting from any act or omission, negligent or otherwise, of Texas Tech University, its officers, agents and employees, or any other person or other participants in said activity or while in transit. The terms hereof shall also serve as a release and assumption of risk for my heirs, executor and administrator, and for all members of my family.

I further agree to indemnify, release and hold harmless Texas Tech University, its Boards of Regents, its agents and employees from and against any and all liability for death, personal injury or damage to my child and any and all property.

This release and assumption of risk is contractual and not a mere recital. I further state I have carefully read and the foregoing release and assumption of risk and know and understand the contents thereof, and I sign the same as my own free act.

PLEASE READ CAREFULLY BEFORE SIGNING

Parent or Guardian Signature

Date

MAIL FORM AND CHECK TO:

Texas Tech Recreational Sports
Summer Sports Camp
P.O. Box 42151
Lubbock, TX 79409-2151

IN PERSON:

TTU Student Recreation Center, Room 202
Monday - Friday, 8:00 am – 5:00 pm
Wednesdays, 8:00am – 6:00pm

For more information call (806) 742-3351

Enrollment is limited