

2024-25 AWSDT GIRLS & BOYS SWIMMING CLINIC

Registration and release form

Athlete Name & Graduation Year _____

Home Address _____

Email address/addresses _____

Parent(s) Cell Phone number(s) _____

Athlete Cell Phone number _____

Swimming Clinic Fee: \$55.00/wk, or \$150 for all 3 weeks.

Check made payable to Eric Eikenbary or Venmo <https://venmo.com/u/Eric-Eikenbary>

Swimming Clinic Schedule: Mon, Oct 28 – Thurs, November 14 (Mon – Thur only, 3:50 - 5:15pm)

Swimming Clinic Staff: Head Coach Eric Eikenbary, Assistant Coaches Greg Dontchos & Seamus Lucero-Dixon

Health Insurance Company _____ Policy _____

Non-Parent Emergency Notification

Name/Relationship _____ Telephone _____

Allergies to Medication _____ Required Medication (must be self-administered)

Additional medical problems / information (asthma, heart murmurs, rheumatic fever, etc.) _____

MEDICAL TREATMENT AUTHORIZATION

I _____, do hereby appoint and authorize the Arapahoe Swimming and Diving Booster Club and its designated representatives as my Attorney-in-Fact to obtain and consent to any and all medical/dental attention and hospital care and treatment, including major surgery, deemed necessary by an appropriate medical/dental provider selected by Attorney-in-Fact for the health and well-being of my son/daughter, _____.

I hereby release and exonerate and discharge the Arapahoe Swimming Boosters, Arapahoe High School, and its representatives from any or all actions or causes of actions, known and unknown, from any injuries incurred in camp or on the way to and from clinic/camp. This power shall terminate on _____ (three days following the end of camp is recommended).

Please note: BY ITS NATURE, PARTICIPATION IN ATHLETICS INCLUDES A RISK OF INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG - TERM CATASTROPHIC TO EVEN DEATH. Although serious injuries are not common in supervised athletic programs, it is impossible to eliminate this risk. Participants can, and have the responsibility to help reduce the chance of injury. PARTICIPANTS MUST OBEY ALL SAFETY RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES AND INSPECT EQUIPMENT DAILY.

The Arapahoe Swimming and Diving team and booster club do not screen applicants for illness, injury, allergies, or other medical conditions which would prevent or limit the participation by the applicant in athletics. It is the responsibility of the parents or guardians of each applicant to determine his or her fitness to participate in athletics.

By signing this Permission Form, I acknowledge that I have read and acknowledge the above information. I acknowledge that I do not know of any medical condition which would prevent or limit the participation of this applicant in athletics. (I, on my own behalf of this applicant, hereby release the Arapahoe Swimming and Diving Booster Club, Arapahoe High School, and its representatives, from any financial responsibility or liability arising from injury to this applicant in connection with his or her participation in the clinic, including injury resulting from negligence (of any kind) of the representatives of the Arapahoe Swimming Program.

Signed _____ Date _____

Parent or Legal Guardian _____

Phone _____

Address _____

City/State/Zip Code _____

Clinic registration materials can be found at:

1. AHS Swimming and Diving website
2. Swimming Pool office - just inside the office window on the turquoise counter