

San Joaquin Valley Swiss Club Kids Swiss Camp 2019

Complete one application for each participant

Participant ages: Incoming 1st – 9th Graders

Name: _____

Birthdate: ____/____/____ Incoming Grade: _____

Address: _____

Parent / Legal Guardian 1: _____

Phone number: _____ Circle: Home / Cell

Email Address: _____

(Optional) Parent / Legal Guardian 2: _____

Phone number: _____ Circle: Home / Cell

Email Address: _____

Allergies, medications, medical conditions, and food restrictions, see page 2.

Do you consent to your child being photographed, which includes but is not limited to the following; San Joaquin Valley Swiss Club social media, future Kids Swiss Camp advertisements, and/or printed photo display? Circle: **Yes / No**

Do you consent to your child participating in the co-ed Schwingen (Swiss wrestling) activity to be grouped according to age? Circle: **Yes / No**

Limited space available.

Please complete, sign, and return this application and medical and liability release form with check by June 7, 2019 and mail to:

Katharina Beeler
Attn: Kids Swiss Camp
606 E. Main St.
Ripon, CA 95366-2906

Cost: \$10 per child*. Please make non-refundable checks payable to:
San Joaquin Valley Swiss Club
Memo: Kids Swiss Camp

**Scholarships available for those in need of financial assistance.*

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Liability & Medical Release Form

Food Restrictions: _____

Allergies or Medical Conditions (please be specific): _____

Current Medications: _____

List any medications needed during the camp: _____

Relevant Medical History: _____

Family Physician: _____ Phone: _____

Medical Insurance Provider: _____ Insurance #: _____

In case of emergency, please contact:

Name 1: _____ Relation to Child: _____

Phone #1: _____ Circle: Home / Cell

Name 2: _____ Relation to Child: _____

Phone #1: _____ Circle: Home / Cell

Parent/Guardian: I, _____, give permission for my child _____ to participate in the Kids Swiss Camp to be held at San Joaquin Valley Swiss Club in Ripon, California. If needed for health reasons, I give permission for my child to be evaluated, diagnosed, treated, transported, and/or given medication in accordance with standard medical practice by licensed medical personnel. I relieve San Joaquin Valley Swiss Club or any of its members and volunteers of all responsibility and consequences that may arise as a result of this treatment. I will not hold San Joaquin Valley Swiss Club liable in the event of injury. I understand and agree that if my child suffers any form of allergic reaction, emergency medical responders will be called. Further, I agree to accept any and all financial responsibility as a result of my child receiving such medical treatment.

My child agrees to abide by all rules and regulations stated by camp staff of Kids Swiss Camp. I understand that San Joaquin Valley Swiss Club or any of its agents will not be held liable if my child fails to comply with all rules and regulations, and that any infraction of the rules or regulations may result in immediate dismissal from the day camp at my expense.

Printed Name of Parent/Legal Guardian: _____

Signature of Parent/Legal Guardian: _____

Date: _____