

**SAINT ANDREW'S AQUATIC SPORTS CAMP
SUMMER 2010**

Participant's Name: _____

Address: _____

Date of Birth: _____ Gender (M/F): _____

Parent/Guardian's Name: _____

Parent/Guardian Cell No. _____ E-mail _____

T-Shirt Size (YM, YL, AS, AM, AL, AXL): _____

In case of Emergency and parent/guardian unavailable, please call:

Name _____ Cell No. _____

1st Week: (date) _____ @ \$299

2nd Week: (date) _____ @ \$270

Subsequent Weeks: (dates) _____ @ \$270

Total Due: _____

There is a 10% discount for siblings. Payment may be made by check, cash or credit card.
Payment in full is due one week prior to the first day of camp.

I, _____, as Parent/Guardian of _____ (participant) in consideration of participating in Saint Andrew's Aquatic Sports Camp, related events and activities acknowledge, appreciate, and agree that:

I, for myself and my heirs, assigns, personal representatives, and next of kin hereby release and hold harmless Saint Andrew's School, their officers, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers and, if applicable, owners and lessor of the premises (Releasees), with respect to any and all injury, disability, death, loss, or damage to person or property to the fullest extent permitted by law; and

The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce this risk, I understand such risk does exist; and

I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Parent/Guardian

Date

Credit or Debit Card Info: Name on Card: _____

Card No. _____ Exp _____ Security Code: _____

Email Payment to Kara Cassidy, Aquatics Administrator, kara.cassidy@saintandrews.net or fax to 561-210-2127; mail to Attention Kara Cassidy, 3900 Jog Road, Boca Raton, FL 33433