



216.321.8000

Email: amy@swooshcamps.com

2011 REGISTRATION FORM

New

REGISTER ON-LINE!

www.swooshcamps.com

Registration form must be completed.

Camper's Name _____
Address _____
City _____
State _____ Zip Code _____
Phone _____ Email _____
Birth Date _____ Entering Grade _____
School _____
Friend Group Request _____

Emergency Contact Name _____
Emergency Contact # () _____
In case of emergency transport, preferred hospital _____

Allergies _____
Medications _____

Payment Options:

Check # _____
Make check payable to **Sports & Recreation, LLC**. A \$30.00 fee will be applied to all returned checks.

Credit Card: Visa Mastercard
Cardholder's Name _____
Card Number _____
Expiration Date _____

Send to: Sports & Recreation, LLC
2224 Briarwood Rd
Cleveland Heights, OH 44118
Or fax this registration form to: 216.321.9490

Waiver/Exclusion Clause:

I, the undersigned parent/guardian/participant, in enrolling the Sports & Recreation, LLC Camp, understand that he/she/I, in attending any sports program and using the facilities, does/do so at his/her/my own risk. The Sports & Recreation, LLC Camp and its owners, employees, and agents, shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by the participant and his/her my family in or about any programs on the premises. Participants and parent assume full responsibility for all injuries and damages which may occur in or about any programs on the premises and he/she/I do/does hereby fully and forever release, discharge and, hold harmless Amy and David Hertz and all associated facilities, and its owners, employees, and agents from any and all claims, demands, damages, rights of action, present or future, resulting from or arising out of any person's participation in any programs or use of its facilities. In addition, he/she/I agree(s) to follow the rules of play and conduct set by Sports & Recreation, LLC Camp. He/She/I understand(s) that failure to do so may result in suspension from participation.

_____ the parent of/guardian of _____ do hereby grant authority to the staff of Sports & Recreation, LLC to render a judgment concerning medical assistance or hospital care in the event of an accident or illness during my absence.

Parent/Guardian Signature:

Date:

Available Sessions

9am-3pm, M-F (no camp July 4th)
Entering Grades: 1-7 All-Sports, Tennis
2-5 Basketball

JCU All-Sports

- June 13-17
- June 27-1
- July 5-8
- July 25-29

JCU Tennis

- June 13-17
- July 25-29

Communion of Saints

- July 11-15 All-Sports
- July 18-22 Basketball

Check desired sessions

T-shirt size (circle one- adult sizing)

XS S M L