

# Riverside AQuettes SYNCHRO SUMMER tm

## APPLICATION

Athlete's Name (First): \_\_\_\_\_ (Last): \_\_\_\_\_, Nickname? \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country \_\_\_\_\_

Day Phone# ( \_\_\_\_ ) \_\_\_\_\_ Evening Phone# ( \_\_\_\_ ) \_\_\_\_\_ Cell# ( \_\_\_\_ ) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Phone# { \_\_\_\_ } \_\_\_\_\_

Email address \_\_\_\_\_ USSS Member #: \_\_\_\_\_  
(\*You must be a registered USSS member to participate)

Club Affiliation: \_\_\_\_\_ Coach \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_ No. Competitive Seasons \_\_\_\_ (Including 2008-2009) Are you a: Coach Athlete

### Parent Information: (\*mandatory for any camper under the age of 18)

Father's Name \_\_\_\_\_ Phone# ( \_\_\_\_ ) \_\_\_\_\_ Bus. Phone# ( \_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone# ( \_\_\_\_ ) \_\_\_\_\_ Bus. Phone# ( \_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_ Country \_\_\_\_\_

Check all that apply:

I would like to apply for Synchro Summer™ 2009 as a **Resident Camper** at this time. I have enclosed:

- Full Athlete payment of \$550.00
- Partial Athlete payment of \$300, with the remaining payment of \$250 due no later than 7/1/09.

I would like to apply for Synchro Summer™ 2009 as a **Commuter camper**. I have enclosed:

- Full Athlete payment of \$450
- Partial Athlete payment of \$300, with the remaining payment of \$150 due no later than 7/15/09.
- Full Coach payment of \$200.

I would like to speak with someone concerning Synchro Summer™ 2009. ~(RAQ) will contact you at the phone number/email listed above.)



**IMPORTANT: Due to the limited spaces available, applications will be accepted on a first come first serve basis in the order received and paid in full. Application priority will be given to previous **Synchro Summer**- attendees who register with full payment through May 31, 2009. All fees are non-refundable after July 1, 2009, unless another qualified applicant can fill your confirmed place from the official waiting list.**

**\*Please Make Checks Payable to: *The Riverside AQuettes* & return completed application to:**

**Riverside AQuettes, c/o Roxanne Charbonneau PO Box 2294, Riverside, CA 92516**

**Visit our Website: [raqsynchro.org](http://raqsynchro.org) view the videos of last years to get a real feel for our camp !**

### FOR OFFICIAL USE ONLY

Partial payment receipt date: \_\_\_\_\_ Amount: \_\_\_\_\_ Full/Balance of payment receipt

date: \_\_\_\_\_ Amount: \_\_\_\_\_ Coach Athlete Age: \_\_\_\_\_

FORM A

Synchro Experience Worksheet



ATHLETE'S NAME: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

NO. OF YRS. AS COMPETITIVE SWIMMER: \_\_\_\_\_

CLUB AFFILIATION:

LEVELS OF COMPETITION ATTENDED

PLACEMENT FIGURE SCORE

- SECTIONALS
- REGIONALS
- AGE GRP. NATIONALS JR.
- NATIONALS OTHER

My synchro accomplishment of which I am most proud:

My reasons and goals for coming to SYNCHRO SUMMER™ 2009:

How did you learn about SYNCHRO SUMMER™ 2009

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# FORM B

## AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT OF MINOR MEDICAL HISTORY FORM

I/We, the undersigned, parent(s) of \_\_\_\_\_, a minor, do hereby authorize **Riverside AQuettes (RAQ)**, of Riverside, California, as agents for the undersigned, to consent to any x-ray examination, anesthetic, or surgical diagnosis or treatment and hospital care which is deemed advisable to or necessary by, and is to be rendered under the general or special supervision and upon the advice of a duly licensed medical personnel, physician or surgeon, or to consent to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to the minor a duly licensed dentist. It is understood and agreed that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required for said minor child, but is given to provide authority and power on the part of our agent, Riverside AQuettes (RAQ), to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician is the exercise of this best judgement may deem advisable or necessary. This authorization is given pursuant to the provision of **Section 25.8 of the Civil Code of the State of California**, and the undersigned acknowledge that I/We have specifically represented to **Riverside AQuettes (RAQ)** that I/We are the parent(s) or legal guardian(s) of the aforementioned minor, having legal custody of said minor child. I/We, the undersigned, agree to be responsible for the payment of any and all medical and/or dental services rendered. This authorization is effective for a period of one (1) year from the date said authorization is signed.

I/We give my full consent for my child to attend any event at which the **Riverside AQuettes (RAQ)** practice, perform, compete, or in any way participate, as well as any event sponsored by the **Riverside AQuettes (RAQ)**. I/We give full consent for **Riverside AQuettes (RAQ)** to use any and all likeness through photographs, video, audio, etc. of my child to promote the **Riverside AQuettes (RAQ)** and/or synchronized swimming. I/We also agree not to hold **Riverside AQuettes (RAQ)**, staff, board members, advisory board members, volunteers or agents responsible or liable in any way for accident or injuries to my child that may be incurred while on an outing away from **Riverside AQuettes (RAQ)** primary practice area or at an event on the grounds of any and all Riverside AQuettes practice area(s). I/We also agree not to hold **Riverside AQuettes (RAQ)**, staff, board members, advisory board members, volunteers or agents responsible or liable in any way for accident or injuries while volunteering at any event at which the **Riverside AQuettes (RAQ)** practice, perform, compete, or in any way participate, as well as any event sponsored by the **Riverside AQuettes (RAQ)**. I/We also acknowledge that it is my responsibility to encourage and communicate to my child the need for his/her safe behavior and conduct in all such activities.

I/We warrant and represent that we have investigated the insurance coverage listed below and it covers medical and dental treatment in Southern California for health issues that may arise from our child's participation in Synchro Summer 2009.

Parent (Father) or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Parent (Mother) or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_  
(Name) (Address) (Phone)

Insurance Card Number: \_\_\_\_\_

Doctor: \_\_\_\_\_  
(Name) (Address) (Phone)

Dentist: \_\_\_\_\_  
(Name) (Address) (Phone) \_\_\_\_\_

Dental Insurance Card Number: \_\_\_\_\_

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# FORM C

## MEDICAL HISTORY FORM

Name: Birth Date: Age: Weight (lbs.):

Parent(s) or Legal Guardian(s): Phone: ( )

Home Address: City: State: Zip:

**Emergency Contact:** Phone: ( )  
**(Name/Relationship)**

**Health History:** (Check, approximate dates)

Measles	Poliomyelitis	Surgery (Major)
German Measles	Diabetes	Accidents (Major)
Chicken Pox	Heart Disease	Orthopedic Defects
Mumps	Kidney Disease	Menstruation
Whooping Cough	Rheumatic Fever	Menstrual Disorder
Tuberculosis	Head Injury	Seizure Disorder
Learning Disability	Mental Disorder	Other

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SUBJECT TO: (Check)

Convulsions	Bronchitis	Stomach
Sore Throats	Fainting	Sleep Walking
Ear Infections	Asthma	Bed Wetting
Headaches	Colds	Nightmares

Allergies (Food: What?)

Allergies (Animals: What?)

Special Medical Attention or treatment or other pertinent information of said minor child not previously mentioned:

### PARENTS' (LEGAL GUARDIANS) HEALTH STATEMENT

**(Must be signed by Parents or Legal Guardians)**

I/We, the undersigned, understand that at the functions, activities, practice and competitions of the **Riverside AQuettes**, Riverside, California, including specifically but not limited to, Synchro Summer 2009, strenuous physical activity, both aquatic and otherwise, is a regular part of any activities. To the best of our knowledge, our child, , is in excellent physical and mental health and needs no restrictions from strenuous activity. If we have any questions regarding our child's health, we understand that it is our obligation and responsibility to seek professional medical advise ant to inform the **Riverside AQuettes** of any health problems and/or restrictions on our child's activities in writing.

Parent (Father) or Legal Guardian Date

Parent (Mother) or Legal Guardian Date

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# SYNCHRO SUMMER™ 2009

## FORM D

### RELEASE/DISCLAIMER OF LIABILITY & AGREEMENT TO INDEMNIFY

In consideration of the benefits derived from \_\_\_\_\_'s participation with the **Riverside AQuettes** activities, services, functions, practice, competitions, etc., we, the undersigned, do hereby voluntarily release, acquit, and forever discharge the **Riverside AQuettes** and its officers, board members, members, advisors, advisory board members, employees, volunteers, and/or agents, from all manner of suits, actions, claims, demands, and liabilities which may arise from \_\_\_\_\_'s participation in any activity or event in any way connected with Synchro Summer 2009, including, but not confined to, activities at or on the **Riverside AQuettes** primary practice/camp area, places that are traveled to for activities, events, competition, practices, services, etc., and in the process of traveling to such places.

We recognize that the conditions of some of the places to which \_\_\_\_\_ will travel are/may not of the same standard as the conditions to which we are accustomed. We realize further that there are certain health risks, as well as other risks, to and her property, and we allow participation in the trip with knowledge of those risks.

We understand that this document constitutes full and complete waiver of all possible claims, including claims for negligence in personal or property damages, arising out of participation in any such activity.

No provision of these documents shall, in any way, limit our right to make claims against any persons other than the **Riverside AQuettes** and its officers, board members, members, advisors, advisory board members, employees, volunteer, and/or agents.

We, the undersigned, hereby agree to indemnify and hold the **Riverside AQuettes** and its officers, board members, members, advisors, advisory board members, employees, volunteer, and/or agents harmless from the acts of \_\_\_\_\_ while participating in the activities of the **Riverside AQuettes** and/or Synchro Summer 2009.

(Athlete's Signature)

Date

(Father's or Legal Guardian's Signature)

Date \_\_\_\_\_

(Mother's or Legal Guardian's Signature)

Date

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**SYNCHRO SUMMER<sup>TM</sup> 2009**  
**FORM E**

**AIRLINE FLIGHT INFORMATION**

**ATHLETE'S NAME:**

**ARRIVAL**

**AIRLINE:**

**ARRIVAL DATE:**

**ARRIVAL TIME:**

**ARRIVAL FLIGHT NUMBER:**

**DEPARTURE**

**AIRLINE:**

**DEPARTURE DATE:**

**DEPARTURE TIME:**

**DEPARTURE FLIGHT NUMBER:**

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