

Parental Consent and Release of Liability Agreement

Please read the following information carefully before signing.

As the parent or guardian, I certify that _____ has my permission to participate in the 2012 Salo Swim Camp for the following session(s):

_____ **June 10-15** _____ **June 17-22** _____ **June 24-29** _____ **July 1-6**

as a _____ **Resident Camper** _____ **Day Camper** _____ **Extended Day Camper**

I/We do hereby delegate to the Salo Swim Camp, LLC its employees, clinicians, trainers, nurses or agents the authority to seek, obtain, and approve any medical care and treatment including, but not limited to, x-ray examination, anesthetic, medical, dental or surgical diagnosis, or treatment and medical care which is deemed advisable by, and is to be rendered under the general supervision of any physician or surgeon, for the above-named minor which, in their judgment, is necessary for the health and well-being of said minor during his/her participation in the camp.

I/We assign payment to those medical vendors for all services that these same medical vendors may render. It is understood that this authorization is given in advance of any specific diagnosis, or treatment or medical care being required and is to serve as specific consent to any and all such diagnoses, treatment or hospital care which may be deemed advisable. I/We understand that I/we are responsible for any costs incurred that are not covered by insurance and I/we agree to hold the University of Southern California and Salo Swim Camp, LLC, its employees or agents harmless for any liability arising out of any good faith action taken in and obtaining medical treatment for the above-named minor.

In consideration of the participant in the Salo Swim Camp, the undersigned parent/guardian hereby releases and holds harmless the Regents of the University of Southern California and its employees (hereinafter collectively referred to as "University") and Salo Swim Camp, LLC, and its employees (hereinafter collectively referred to as "Program/Camp") from any and all liability occurring during the participation of the undersigned child. In particular, the undersigned parent/guardian acknowledges that he/she and such child will not hold the University or Program/Camp liable for any expenses, property damages, personal injuries and /or death sustained by such child while participating in the program/camp. Furthermore, the undersigned parent/guardian acknowledges that he/she has been, prior to the commencement of the Salo Swim Camp, is aware of and understands the risks involved in such activity, and is prepared to assume, on behalf of such child and himself/herself, all of such risks as his/her and the child's sole responsibility.

It is my understanding that said child will be subject to the rules and regulations of the University of Southern California and Salo Swim Camp, LLC. I understand that any student found in possession of fireworks, explosives, any and all weapons, or is under the influence of alcohol or illegal drugs will be immediately expelled from the program/camp. I also understand that if my child repeatedly disobeys University or Program/Camp policies and regulations, he/she may be expelled from the program.

The terms and conditions of this Agreement shall be legally binding upon the undersigned parent/guardian and such child and his/her respective estate, representative and assigns.

Parent/Guardian Signature: _____ Date: _____

Child/Participant Signature: _____ Date: _____

Health Insurance Information Sheet

Every Participant Must Have This Form on File

Private insurance information must be provided, if applicable. If a participant does not have private health insurance, please be advised that, should a participant require medical attention, **you are responsible for paying any costs not covered by insurance.**

Parent/Guardian Signature: _____ Date: _____

Participant Name _____ Participant's SS Number _____

Participant's Address _____
Street City State Zip

Participant's Phone Number _____ Date of Birth _____

Insurance Company Name _____ Effective Date _____

Address of Insurance Company _____

Phone Number of Insurance Company _____ Group # _____

Policy Holder's Name _____ Policy # _____

Policy Holder's Address _____
Street City State Zip

Relationship to Participant: _____

Contract # _____ Employee # _____

Name Primary Care Physician: _____

Office Phone Number: _____ Paging Number: _____

I hereby authorize the release of any medical information which might be needed in connection with payment for medical services.

Parent/Guardian Signature: _____ Date: _____

I request that payment under my medical insurance program be made directly to the provider on any bills for services rendered by that provider. I understand that I am financially responsible for fees not covered by this authorization.

Emergency Information Form

Please complete this form in its entirety. This information will be helpful in the unlikely event of an accident or sudden illness.

Participant Name: _____ Phone: _____

Participant Address:

_____ Street _____ City _____ State _____ Zip _____

Date of Birth: _____ Email Address: _____

Name of Personal Physician _____ Phone: _____

Physician Address _____ Street _____ City _____ State _____ Zip _____

Emergency Contact Information

Required Information

Person(s) to be contacted in case of an emergency:

Name	Relationship	
Address		
Day Phone	Evening Phone	Cell Phone
Name		Relationship
Address		
Day Phone	Evening Phone	Cell Phone
Name		Relationship
Address		
Day Phone	Evening Phone	Cell Phone

Medical Information

Indicate medication(s) which is/are taken on a regular basis:

Note: Participant should bring an adequate supply of their medication(s) with them.

Name of Medication	Dosage	Prescribing Physician
Name of Medication	Dosage	Prescribing Physician

Is there a medical history involving any of the following:

	Yes	No		Yes	No
Allergies	___	___	Heart Disease	___	___
Convulsions	___	___	Phobias or Fears	___	___
Diabetes	___	___	Past Injuries/Illnesses	___	___
Disabilities			Past Operations		
Epilepsy/Seizure Disorder	___	___	Other	___	___

If you answered "yes" to any of the above conditions, please explain in detail. Use a separate page if necessary.

Please advise of any special instructions, side effects or emergency procedures:

Date of last tetanus booster: _____

Parent/Guardian Signature: _____ Date: _____

2012
RESIDENCE HALL REGULATIONS
SALO SWIM CAMPS

Dear Camper and Parent/Guardian:

Residence Hall Rules and Regulations with regard to camper conduct and the use of facilities are established in compliance with state and federal laws and University of Southern California by-laws. Camp registration is predicated upon the understanding of these rules and regulations. All program participants must abide by them regardless of age. This includes coaches, trainers, and other camp personnel residing in the residence halls. The cooperation of everyone is required if summer athletic camps are to be successful, rewarding, and fun for all participants. **Please read** over the rules and regulations with your camper, sign the residence hall rules and regulations agreement, and present the signed agreement at Housing registration.

Thank you for your cooperation. If you have any questions concerning a particular camp, please call (949)-547-7007 or go to website www.saloswimcamp.com.

Sincerely,

Camp Coordinator
Salo Swim Camp

PLEASE READ AND SIGN BELOW:

We have read the Rules and Regulations governing the behavior of campers in University of Southern California Camp Housing. We understand and agree to abide by them. We understand that failure to abide by these rules and regulations may result in various forms of discipline, up to and including immediate dismissal from the program.

Parent/Guardian Signature: _____ Date:

Child/Participant Signature: _____ Date:

PLEASE MAIL THIS SIGNED FORM TO:

Attn: David C. Salo

SALO SWIM CAMPS

University of Southern California – Kennedy Athletic Building

1026 West 34th Street

Los Angeles, CA 90089-2511

2012 RESIDENCE HALL RULES AND REGULATIONS

Please bring this document to your camp registration with appropriate signatures

CONDUCT

Acts of discrimination or discriminatory harassment based upon an individual's race, sex, color, religion, creed, national origin or ancestry, age, marital status, handicap, Vietnam-era status, or sexual orientation are a serious violation of University policy and will be dealt with promptly. Sexual harassment is illegal under both state and federal law. In some cases, it may be susceptible to prosecution under the criminal sexual conduct law.

Alcoholic beverages, illegal drugs, laser pens, fireworks, explosives, and all weapons are absolutely prohibited in the hall. It is against the law to tamper or misuse building fire alarm or fire-fighting equipment. Tampering with or misuse of elevator alarms, emergency call buttons or calling 911 from a room or elevator telephone, except in an emergency, is against the law. Penalties will be enforced. Each room will be inspected before departure and any damages to the room or to University property will be assessed and charged equally to all persons who occupied the room. The room must be left in the same condition as it was received during move in. Do not fasten anything to the walls or tamper with window screens. Excessive litter will result in a housekeeping charge to each camper assigned to the room.

Appropriate behavior is expected at all times. Excessive noise or rowdiness will not be tolerated. Radios must be turned off at lights-out time and kept low in the morning hours. The use of candles or other open flames, explosives of any type including smoke bombs, "snaps", or fireworks are dangerous and their use or presence in the residence halls is prohibited since they endanger all occupants.

-- SMOKING IN THE BUILDING IS PROHIBITED --

AGE ELIGIBILITY

All campers residing in a University of Southern California residence hall must be nine (9) year's of age on or before the start of their camp session.

There are no exceptions to this policy.

MEDICATIONS

All medication, both prescribed by a doctor and non-prescription must be dispensed by the camp specific trainer. Housing staff is not allowed to dispense any medications of any kind.

VISITORS

ALL VISITORS, INCLUDING PARENTS AND COACHES, MUST CHECK-IN FIRST WITH THE FRONT DESK WHEN VISITING A CAMPER. Only campers and camp staff are allowed in the living areas of the building. At no time are campers permitted in the living areas to which they are not assigned. Campers may only be checked out of the residence hall by a parent/guardian or camp staff. *Visitors, other than parents, who may be taking the camper from the residence hall must be approved by the parent/guardian during camp registration.* The release form on the back of the registration card must be filled out with the authorized visitor's name.

HOURS

All campers are to check back in to their residence hall immediately upon completion of evening sessions. Social and recreational activities will be planned in the halls each evening. Full camper participation is expected. The residence hall will be locked all 24 hours of the day, and security will monitor all entrance doors in the evening hours. Entrance to the residence hall will only be granted to campers with a camp identification tag. If there is any question about the identity of any camper, security and/or residence hall staff may request additional identification.

Campers **ARE NOT** to leave the residence hall after they have returned from their final sports camp session, unless they are signed out at the front desk by a parent/guardian or camp counselor. Campers are expected to be on their assigned hall by 9:45p.m. (9:15p.m. on their first and last night), and in their assigned room by 10:15p.m.(lights out). Bed checks are conducted at 10:15 p.m. **Campers may not leave their assigned hall after 10:15 p.m.**

KEYS AND MEAL TAGS

A camp identification sleeve will be issued with a room keycard attached and a lanyard at check-in for purposes of obtaining meals in the residence dining hall. If the key is lost, a new one may be obtained at the front desk. **There will be a charge of \$10.00 for any lost keycard.** The room keycard and identification tag should not be loaned to anyone and are not transferable.

MEAL TIMES

You may eat at any time during the hours your camp has designated for meals. You must show the dining service staff your identification tag in order to enter the dining area. Meal hours will be posted on the bulletin board adjacent to the dining room, and

on the residential hall. Campers are expected to eat all meals in their assigned residence hall.

TELEPHONES

Room telephones may or may not be available in the room. Pay telephones are located throughout each hall for local/long distance calls. Due to damages, which occur during the summer, not all rooms will have a working telephone. Campers may place collect and credit card calls from their room and receive long distance calls(not collect).

MOTOR VEHICLES

Campers are not to bring private automobiles or motorcycles to the University. If it is necessary for a camper to drive, you must get permission and any parking permits from the coach of that camp. The vehicle must be registered and the keys turned in to the camp coach during the entire program. The University assumes no responsibility for a stored vehicle on University property.

PERSONAL PROPERTY

The University assumes no responsibility for personal property. **Leave valuable items such as stereos, CD players, video games and cameras at home.** Bring only a small amount of personal expense money with you since the halls do not have any security facilities. Traveler's checks in small denominations are recommended as the safest way to carry money. If camper's parent's personal property insurance policy does not cover personal possessions away from home, the purchase of a short-term rider is suggested.

FOR SECURITY, ROOM DOORS ARE TO BE LOCKED AT ALL TIMES.

DAMAGES

Room checks will be conducted by camp staff to determine room damages. Any damages caused in the rooms or common areas will be charged to the responsible party. Replacement cost will be charged to anyone who removes or damages University property. **If no single party can be identified, the occupants of the room or the entire assigned hall, will be charged accordingly.** The \$10 key deposit may be held as a down payment for any damages assessed to the camper.

MAIL

Mail will be distributed to camp counselor to give to campers. Mail should be addressed as follows:

Campers Name

Attn: David C. Salo – Head Coach USC
Kennedy Aquatics Center - Salo Swim Camp
1026 West 34th Street
Los Angeles, California 90089-2511

LINENS

Campers are responsible for bringing their own pillow, twin bed sheets, blanket, towels, and toiletries.

EARLY DEPARTURES

If a camper must leave before the official ending date for the camp, **a parent or guardian must notify the coach, and record the information on the early release form on the back of the registration card.** If the camper is being picked up by someone other than the person designated parent/guardian, written permission naming the responsible adult must be placed on the back of the registration card, during registration, prior to the camper being released. A signed Early Release form from the camp coach must be turned in upon checking out from the resident hall. Identification is required.

PENALTIES

VIOLATION OF ANY OF THESE RULES AND REGULATIONS MAY RESULT IN DISCIPLINE, UP TO AND INCLUDING, IMMEDIATE DISMISSAL FROM THE PROGRAM. At times, a verbal warning may be given to the camper to correct improper behavior. Campers who endanger themselves or others, or who continue to commit violations after having been warned, will be sent home. The parent/guardian will be notified.