

2020 AUBURN SWIM CAMPS

REQUIRED FORMS CHECKLIST

Please use the checklist provided to be certain you have read, completed, and returned all required forms. All paperwork should arrive in our offices via **postal mail only no later than April 1, 2020**. Sorry, faxed forms will not be accepted.

You MUST INCLUDE a front and back copy of your insurance card with completed forms.

*****Forms received without a copy cannot be accepted*****

Medical expenses incurred during camp will be charged to the credit card on file.

- ┌ **RULES- Appendix I-1**
 - **BOTH** Camper and Parent/Legal Guardian must sign and date this form
- ┌ **Informed Consent, Voluntary Waiver, Release of Liability and Assumption of Risks- Appendix I-2**
 - Select Camp Session(s) your child will be attending
 - Complete Camper Information section
 - Both camper and parent/legal guardian must sign and date this form
- ┌ **Part 1: Applicant Information and Confidential Medical Information- Appendix I-3 (Page 1 of 3)**
 - Select Camp Session(s) your child will be attending
 - Complete Part 1: General Information
 - List two emergency contacts
- ┌ **Part 2: Medical Information- Appendix I-3 (Page 2 of 3)**
 - Complete Physician's Information
 - Notate the date of camper's most recent tetanus immunization
 - Complete Insurance section
 - Answer questions and explain if necessary
- ┌ **Part 3: Authorization for Medical Care- Appendix I-3 (Page 3 of 3)**
 - Write camper's name in appropriate field
 - **BOTH** Camper and Parent/Legal Guardian must sign and date this form
- ┌ **Physician's Medical Clearance/Authorization**
 - Make your appointment now. This **MUST** be turned in no later than April 1, 2019
 - Write camper's name in appropriate field(s)
 - Select Camp Session(s) your child will be attending
 - Physician must sign and date this form and include signature stamp
 - A sports physical may be substituted for this form
 - Physicals more than 12 months or those that expire prior to the last day of selected camp session will not be accepted
- ┌ **Medication Prescriber/Parent Authorization- Appendix I-4 (Page 1 of 2)**
 - Select Camp Session(s) your child will be attending
 - Complete Camper Information section
 - Check whether or not your child will take medications during camp
 - If you answered "no" please proceed to Appendix I-4 (Page 2 of 2)
 - If you answered "yes" please complete Prescriber Authorization section in its entirety
 - Prescriber **MUST** sign and date this form
- ┌ **Waiver and Consent for Self-Administration or Prescription Meds- Appendix I-4 (Page 2 of 2) (if applicable)**
 - Parent/Legal Guardian must sign and date this form
 - Write camper's name in appropriate field
 - Select (OTC) medications you authorize your child to receive while at camp, if any
 - If none, please indicate by drawing a line across the (OTC) options
 - Parent/Legal Guardian must sign and date this form
- ┌ **Summer Camp Disciplinary Procedures- Appendix I-5**
 - Select Camp Session(s) your child will be attending
 - **BOTH** Camper and Parent/Legal Guardian must sign and date this form
- ┌ **Photo and Media Release Form- Appendix I-6**
 - Select Camp Session(s) your child will be attending
 - Sign and Date
- ┌ **Airline Travel Form (if applicable)**
 - If your child requires transportation to/from Atlanta Airport this form must be completed
 - Please complete camper's information and include their cell number
 - Select Camp Session your child will be attending
 - Fill out Arrival/Departure Information
 - Include copy of itinerary
- ┌ **Camp Schedule/Directions/What to Bring**
 - Read and retain for your records

USPS Mailing Address: Auburn Swim Camps, P.O. Box 351, Auburn, AL 36831-0351

FedEx/UPS Address: Auburn Swim Camps, 650 Biggio Drive, Auburn, AL 36849

2020 RULES CAMPERS AND PARENTS NEED TO KNOW:

1. Participants are not allowed to drive or ride in personal vehicles during the dates of the program unless they receive specific permission to do so from the Camp Director. While we understand that some participants will drive to the campus, our policy is that they must turn their car keys in to the Head Counselor for the duration of the camp.
2. Resident and **Day Camper** participants are to remain on campus for the duration of the program unless program activities require otherwise. If a student needs to leave campus for some reason, we must receive prior written permission from the parent or guardian, and the Camp Director must grant specific permission.
3. Campus regulations prohibit the use of alcohol and other illegal substances. Campers may not possess, use, distribute, or sell alcoholic beverages, drugs, firearms, weapons or fireworks.
4. Coed visitation in AU residence halls is not permitted. The only people permitted in your room are counseling staff, members of your immediate family, your roommate, and other dorm students of the same gender.
5. Participants must attend all workshops, classes, and planned social or recreational activities. Full participation is the only way a camper can gain real value from the camp.
6. Participants will abide by nightly curfews and "Lights Out" announcements from the Camp Director or Program Counselors. Campers must be in their OWN room at lights out and remain there until morning. **Any use of cell phones or other electronic devices is prohibited after 'Lights Out.'**
7. Participants must never misuse internet privileges. Attempting to access unauthorized sites is strictly prohibited.
8. Participants must abide by rules and guidelines set by the instructors for each academic facility in use.
9. In accordance with state law, smoking is prohibited by anyone under the age of 19. Smoking is not permitted in any buildings on the AU Campus.
10. Any individual found tampering with any fire equipment (i.e. fire extinguishers, fire alarms, smoke detectors, etc.) will be dismissed from camp immediately. Campers may not interfere with any security system or tamper with locks in student rooms and other areas.
11. All furniture must remain unchanged and kept in place.
12. Vandalism and pranks will not be permitted. Any damages caused in rooms or common areas will be charged to the responsible party. Replacement cost will be charged to anyone who removes or damages University property.
13. Participants should keep their rooms locked at all times even if leaving the room for only a few minutes. Neither Auburn University, nor the camp staff, is responsible for lost or stolen items. A camper should take room key when leaving room. **Those who lose a key will be charged \$25 for a replacement.** Leave excess money and valuables at home. Valuables, including jewelry, radios, cd players, iPods, cell phones, etc., may be brought to camp, but only at participant's own risk.
14. Cell phones may not be used during camp sessions. Those campers who are caught using cellphones during camp sessions will result in points being deducted from their team's color group.

MEDICAL: In cases where medical attention is necessary, parents will be contacted for approval when possible. We require completion of a medical release form signed by the parent or guardian in order that we may react responsibly in an emergency situation.

Please sign below to signify full understanding of the rules discussed above:

Camper's Name: _____

Camper's Signature: _____

Date: _____

Parent/Legal Guardian Name: _____

Parent/Legal Guardian Signature: _____

Date: _____



AUBURN UNIVERSITY INFORMED CONSENT, VOLUNTARY WAIVER, RELEASE OF LIABILITY AND ASSUMPTION OF RISKS

Camp Name: 2020 Auburn Swim

Camps Camp Session (s):

- ┆ Session I: Sunday, May 31 – Thursday, June 4
- ┆ Speed & Power Day Camp: Friday, May 29 & Saturday, May 30
- ┆ Session II: Sunday, June 7 – Thursday, June 11
- ┆ Speed & Power Day Camp: Friday, July 10 & Saturday, July 11
- ┆ Session III: Sunday, July 6 – Thursday, July 10

CAMPER INFORMATION

Camper's Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____ **Date of Birth:** _____ **Gender:** M F

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A LEGALLY BINDING DOCUMENT. THIS FULLY SIGNED FORM MUST BE SUBMITTED BY A PARENT OR LEGAL GUARDIAN BEFORE ANY CHILD IS ALLOWED TO PARTICIPATE IN THE ABOVE REFERENCED CAMP.

I, the undersigned, wish for my Child (hereafter "Child") to participate in the above referenced camp (hereafter "Camp") on the date(s) and location indicated above and, in consideration for my Child's participation, I hereby agree as follows:

I acknowledge, understand and appreciate that as part of my Child's participation in the Camp there are dangers, hazards and inherent risks to which my Child may be exposed, including the risk of serious physical injury, temporary or permanent disability, and death, as well as economic and property loss. I further realize that participating in the Camp may involve risks and dangers, both known and unknown, and have elected to allow my Child to take part in the Camp. Therefore I, on behalf of my Child, voluntarily accept and assume all risk of injury, loss of life or damage to property rising out of training, preparing, participating, and traveling to or from the Camp.

I, on behalf of my Child, hereby release Auburn University, its Board of Trustees, Administration, Faculty, Staff, Student Leaders, the Outreach Program Office, the Camp Staff, and all other officers, directors, employees and agents (hereafter "Auburn") from any and all liability as to any right of action that may accrue to my heirs or representatives for any injury to my Child or loss that my Child may suffer while training, preparing, participating and/or traveling to or from the Camp. This agreement is binding on my heirs and assigns.

I, on behalf of my Child, furthermore release, indemnify and hold harmless Auburn from and against any and all liability, actions, debts, claims and demands of every kind whatsoever, specifically including, but not limited to, any claim for negligence or negligent acts or omissions and any present or future claim, loss or liability for injury to person or property that my Child may suffer, for which my Child may be liable to any other person, that may or does arise out of my Child's participation in the Camp. I understand that Auburn accepts no responsibility for my Child's personal property.

In the event of an accident or serious illness, I hereby authorize representatives of Auburn to obtain medical treatment for my Child on my behalf. I hereby hold harmless and agree to indemnify Auburn from any claims, causes of action, damages, and/or liabilities, arising out of or resulting from said medical treatment. I further agree to accept full responsibility for any and all expenses, including medical expenses that may derive from any injuries to my Child that may occur during his/her participation in the Camp.

This RELEASE shall be governed by and construed under the laws of Alabama. I agree that any legal action or proceeding relating to this RELEASE, or arising out of any injury, death, damage or loss as a result of my Child's participation in any part of the Camp, shall be brought only in Lee County, Alabama.

This RELEASE contains the entire agreement between the parties to this agreement and the terms of this RELEASE are contractual and not a mere recital. The information I have provided is disclosed accurately and truthfully. I have been given ample opportunity to read this document and I understand and agree to all of its terms and conditions. I understand that I am giving up substantial rights (including my right to sue), and acknowledge that I am signing this document freely and voluntarily, and intend by my signature to provide a complete and unconditional release of all liability to the greatest extent allowed by law. My signature on this document is intended to bind not only myself and my Child but also the successors, heirs, representatives, administrators, and assigns of myself and my Child.

PARENT OR GUARDIAN MUST SIGN THIS FORM FOR A MINOR UNDER THE AGE OF 19

Camper's Name: _____

Camper's Signature: _____

Date: _____

Parent/Legal Guardian Name: _____

Parent/Legal Guardian Signature: _____

Date: _____

AUBURN UNIVERSITY SUMMER CAMPS
Applicant Information and Confidential Medical Information

Camp Name: 2020 Auburn Swim

Camps Camp Session (s):

- ┆ Session I: Sunday, May 31 – Thursday, June 4
- ┆ Speed & Power Day Camp: Friday, May 29 & Saturday, May 30
- ┆ Session II: Sunday, June 7 – Thursday, June 11
- ┆ Speed & Power Day Camp: Friday, July 10 & Saturday, July 11
- ┆ Session III: Sunday, July 6 – Thursday, July 10

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY.

AS A CAMPER, PARENT OR GUARDIAN I UNDERSTAND THAT: The information requested on this form is intended to help inform staff of any pre-existing medical conditions. If your child has a pre-existing medical condition, participation in any strenuous activities or recreational time may not be recommended. *This information will be kept in strict confidence and will only be shared with your permission.* The Auburn University Outreach Program Office requests the information below so that, in case of emergency, we will have accurate information so that we can provide and/or seek appropriate treatment. You are accountable for providing an accurate medical history. *Final determination about whether to participate is the responsibility of you and your physician.* If you have any medical issue that is not requested below, but which you think is important, please include that information.

PART 1: GENERAL INFORMATION

Camper's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Gender: M F

Parent/Legal Guardian Name: _____

Email: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Please list two emergency contacts:

Emergency Contact #1

Name: _____ Relation: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Emergency Contact #2

Name: _____ Relation: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

PART 2: MEDICAL INFORMATION

It is recommended that you consult with a physician prior to participating in this Auburn University Summer Camp. If you are uncertain about any preexisting medical conditions, it is your responsibility to consult with your own physician prior to participating in this Summer Camp. Please answer all of the questions. If you answer yes to any of the following questions, please explain as indicated. Use back and/or additional paper if needed.

Physician's Name: _____ Phone Number: _____

Most recent tetanus toxoid immunization: _____

Do you have health/accident insurance? (check one) Yes No
If yes, please indicate policy number, name, and address of company.

Company Name: _____

Address: _____

Policy #: _____

Phone #: _____

For the following, circle appropriate response and explain as appropriate:

Does camper have any limiting medical conditions that you or your doctor feel would limit camp participation? Yes No
If yes, identify and explain:

Is camper currently taking medication that may interfere with ability to safely participate in Camp? Yes No
If yes, please indicate the medication and the condition being treated:

Does camper have a history of allergies or reactions to medications, insect stings, or plants? Yes No
If yes, please explain:

Does camper have a history of, or currently suffer from, medical condition(s) with which we need to be aware? Yes No
If yes, please explain:

PART 3: AUTHORIZATION FOR MEDICAL CARE

Unless prior arrangements have been made, medical needs will be handled through the East Alabama Medical Center. In cases where medical attention is necessary, parents will be contacted for approval when possible. However, before medical treatment can be provided, we are required to have a medical release signed by the parent. The hospital will not perform services unless this form is presented at the time of treatment.

_____ (*Camper's Name*) has my permission to receive medical attention in the event of illness or medical emergency while participating in this Auburn University Summer Camp. I will assume the financial responsibility for any cost of health care for my child that may occur during this Camp.

PLEASE READ: As a participant, parent or guardian I understand and acknowledge that my failure to disclose relevant information may result in harm to myself/my child and/or others during this Camp. By signing my name I represent and warrant that I have provided all materials and important information to the Auburn University Outreach Program Office pertaining to my child's medical, mental, and physical condition and that it is accurate and complete. I agree to notify the Auburn University Outreach Program Office of any changes in my mental, physical, or medical condition prior to my Child's scheduled Camp.

By revealing or disclosing the above medical information it will not be used by Auburn University personnel or employees to determine my Child's ability to participate safely in activities. I understand that, if my child chooses to participate in activities, he/she do so voluntarily and of his/her own accord and the final decision regarding participation is solely the responsibility of myself and my Child.

SIGNATURE IS REQUIRED:

Camper's Name: _____

Camper's Signature: _____

Date: _____

Parent/Legal Guardian Name: _____

Parent/Legal Guardian Signature: _____

Date: _____

A PARENT OR GUARDIAN MUST SIGN THIS FORM FOR A MINOR UNDER THE AGE OF 19

PHYSICIAN'S MEDICAL CLEARANCE/AUTHORIZATION

Auburn Swim Camps
P.O. Box 351
Auburn, AL 36831-0351

*****MUST include copy of the front and back of your Insurance Card*****

Camper's Name: _____

Camp Name: **2020 Auburn Swim Camps**

Camp Session (s):

- ┆ Session I: Sunday, May 31 – Thursday, June 4
- ┆ Speed & Power Day Camp: Friday, May 29 & Saturday, May 30
- ┆ Session II: Sunday, June 7 – Thursday, June 11
- ┆ Speed & Power Day Camp: Friday, July 10 & Saturday, July 11
- ┆ Session III: Sunday, July 6 – Thursday, July 10

I hereby certify that I have examined the patient named above and have found him/her to be in good health. I further certify that he/she is free from any contagious diseases.

- ┆ He/She may participate fully in the Auburn Swim Camp consisting of cardiovascular, strength and flexibility training without restrictions or limitations.
- ┆ He/She may participate in the Auburn Swim Camp consisting of cardiovascular, strength and flexibility training with the following restrictions/limitations:

Date of Physical Examination (*must have been completed within the last twelve months prior to the start of selected camp dates as noted above*): _____

Physician's Signature: _____

Physician's Name/Title: _____

Physician's Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Please include physician's signature stamp

AUBURN UNIVERSITY SUMMER CAMPS

MEDICATION PRESCRIBER/PARENT AUTHORIZATION

Camp Name: 2020 Auburn Swim Camps

Camp Session (s):

- Session I: Sunday, May 31 – Thursday, June 4
 Speed & Power Day Camp: Friday, May 29 & Saturday, May 30
 Session II: Sunday, June 7 – Thursday, June 11
 Speed & Power Day Camp: Friday, July 10 & Saturday, July 11
 Session III: Sunday, July 6 – Thursday, July 10

CAMPER INFORMATION

Camper's Name: _____

Date of Birth: _____ Gender: M_F

Parent/Legal Guardian Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

- No, my child does not need to take any prescription medication while at Camp.
 Yes, my child will need to take prescription medication while at Camp.

This form must be completed fully in order for campers to administer required medication themselves. A new medication administration form must be completed for each camp attended by the camper, for each medication, and each time there is a change in dosage or time of administration of a medication. This form requires a licensed health care authorization and signature, and parent signature.

- Prescription medication must be in its original container labeled by the pharmacist or prescriber. Label must include the name, address and phone number for pharmacist or prescriber.
- Containers must hold only the amount required for the time the camper will be attending the Camp.
- *All prescription medications, including medications for conditions such as food, drug, or insect allergies; diabetes; asthma; or epilepsy may be brought to Camp under the condition that the camper can self-manage care and delivery of medication with written authorization to do so at camp by a licensed health care provider.*

PRESCRIBER AUTHORIZATION FOR SELF-ADMINISTRATION OF PRESCRIPTION MEDICATION

Medication Name: _____

Dose: _____

Condition for which medication is being administered: _____

Specific Directions (e.g., on empty stomach/with water, etc.):

Time/frequency of administration: _____

If PRN, frequency: _____

If PRN, for what symptoms: _____

Relevant side effects: _____

Medication shall be administered from (dates): _____ to _____

Special Storage Requirements: _____

Is the camper capable of self-managed care? Yes_No

Prescriber's Name/Title: _____

Prescriber's Place of Employment: _____

Telephone: _____ Fax: _____

I hereby affirm that this individual has been instructed in the proper self-administration of the prescribed medication(s).

Prescriber's Signature: _____ Date: _____

PARENT/GUARDIAN AUTHORIZATION, WAIVER AND CONSENT FOR SELF-ADMINISTRATION OF PRESCRIPTION MEDICATION

I authorize and recommend self-medication by my child for the above medication. I also affirm that he/she has been instructed in the proper self-administration of the prescribed medication by his/her attending physician. I shall indemnify and hold harmless the Camp Staff, Auburn University, its Board of Trustees, Administration, Faculty, Staff, Student Leaders, and all other officers, directors, employees and agents against any claims that may arise relating to my child's self-administration of prescribed medication(s).

I/We have legal authority to consent to medical treatment for the camper named above, including the administration of medication at the above referenced Camp.

Parent/Legal Guardian Signature: _____ **Date:** _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

PARENT/GUARDIAN AUTHORIZATION, WAIVER AND CONSENT FOR OVER-THE-COUNTER MEDICATION

Over-the-Counter (OTC) Medication may at times need to be administered, if approval is indicated by the camper's parent or guardian. Please complete the following section to save time if your child needs any of these OTC medications during his/her stay. *Note: Unless we have parental authorization, we cannot administer ANY medications.*

I hereby authorize that the following medications may be given to _____ (Child's Name) if the need arises. You may dispense only those checked.

- Ointments for minor wound care, first aid as directed. (*Antiseptic, anti-itch, anti-sting, antibiotic, sunburn*)
- Tylenol/Acetaminophen as directed.
- Aspirin/Ibuprofen as directed.
- Throat lozenges and or spray as directed for sore throat.
- Micatin or anti-fungus treatment as directed for athlete's foot.
- Kaopectate or Imodium for diarrhea as directed.
- Milk of Magnesia, Pepto Bismol or Mylanta for upset stomach or nausea as directed.
- Benadryl for swelling, hives, allergic reaction, as directed.
- Actifed or Sudafed as directed for nasal congestion or allergy relief per instructions.
- Visine or other eye drops for minor eye irritation.
- Medicated lip ointment for dry, chapped lips, lip blisters, or canker sores as directed.
- Swimmer's ear drops as directed.
- Hydrocortisone ointment as directed for mild skin irritations, poison ivy, and insect bites.
- Medicated powder for skin irritation as directed.
- Robitussin or other cough syrup as directed.
- Calamine lotion for bug bites and poison ivy.
- Sunscreen
- Bug repellent
- Other (*list any other approved over-the-counter drugs*)

Camp staff reserves the right to use generic equivalents when available for the name brand over-the-counter medications listed above.

I understand that such administration will not be done under the supervision of medical personnel. I also agree that any first aid treatment may be given as needed.

Any condition which is associated with fever, significant inflammation, and/or does not respond to the above outlined treatment will be followed-up by a consultation with the camper's parents. Parent/guardian will be contacted if any conditions develop requiring treatment with any of the above over-the-counter medications that are not checked.

I understand that these over-the-counter medications are not necessarily kept on hand and available to be administered immediately.

I authorize the administration of over-the-counter medications to my child as indicated above. I shall indemnify and hold harmless the Camp Staff, Auburn University, its Board of Trustees, Administration, Faculty, Staff, Student Leaders, and all other officers, directors, employees and agents against any claims that may arise relating to my child being administered the above indicated over-the-counter medications.

I/We have legal authority to consent to medical treatment for the camper named above, including the administration of medication at the above referenced Camp.

Parent/Legal Guardian Signature: _____ **Date:** _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

AUBURN UNIVERSITY SUMMER CAMP DISCIPLINARY PROCEDURES

Camp Name: 2020 Auburn Swim

Camps Camp Session (s):

- ┆ Session I: Sunday, May 31 – Thursday, June 4
- ┆ Speed & Power Day Camp: Friday, May 29 & Saturday, May 30
- ┆ Session II: Sunday, June 7 – Thursday, June 11
- ┆ Speed & Power Day Camp: Friday, July 10 & Saturday, July 11
- ┆ Session III: Sunday, July 6 – Thursday, July 10

Auburn University is committed to the idea that each camper should have an enjoyable experience at summer camp, and the misbehavior of one camper, or a group of campers, should not be allowed to impact negatively on the experience of others. Most camps are short in duration, so prompt action is required when problems occur. Parents and campers should be aware of the disciplinary policy.

First Offense: Campers failing to adhere to camp rules, or exhibiting behavior clearly intended to annoy or endanger other campers, will be privately and formally warned by a Camp Counselor and informed that subsequent misbehavior will result in formal counseling by the Camp Director.

Second Offense: Subsequent misconduct will result in counseling by the Camp Director and a warning that further misconduct will result in removal from camp. At this point, the Camp Director will contact the parent or guardian to advise him/her of the situation and the possible need for picking the child up from camp if there is further misconduct.

Third Offense: Any further inappropriate behavior will result in counseling by the Campus Sponsor of the camp and expulsion from camp.

[NOTE: EVERY EFFORT IS MADE BY AU TO SEE THAT EACH CHILD IS SUCCESSFUL IN CAMP. ANY STEPS OUTLINED ABOVE MAY BE SKIPPED OR REPEATED AT THE DISCRETION OF CAMP STAFF. CAMPERS DISMISSED FROM CAMP FOR DISCIPLINARY REASONS WILL NOT RECEIVE A REFUND OF ANY FEES PAID TO ATTEND CAMP.]

It should be understood this procedure is intended to provide a reasonable and consistent method for dealing with the type of behavior that can be disruptive to a camp, but is not so egregious as to warrant immediate dismissal from camp. It in no way precludes immediate dismissal from camp for more serious disciplinary problems or violations of campus or camp regulations. A serious disciplinary problem is defined as one in which the camp staff determines that a child is engaging in inappropriate behavior that includes, but is not limited to the following: actions which put the camper, other campers, or camp staff member's safety in jeopardy; inflicting physical or emotional harm on self or others, vandalism or destruction of University property; theft of University property or the property of another camper; consistently disrupting the program; possession of alcohol, drugs, or weapons; fighting; sexual harassment; or behavior that is serious enough to warrant a third offense.

Parent and Student Pledge:

I/we understand the disciplinary procedures described above. I/we understand failure to demonstrate proper conduct during camp may result in early dismissal from camp without any refund of fees paid to attend. We pledge to abide by all camp rules and to exercise good behavior and proper respect for others.

Camper's Name: _____

Camper's Signature: _____

Date: _____

Parent/Legal Guardian Name: _____

Parent/Legal Guardian Signature: _____

Date: _____

2020 AUBURN SWIM CAMPS
PHOTO/MEDIA RELEASE FORM

Camp Name: 2020 Auburn Swim

Camps Camp Session (s):

- ┆ Session I: Sunday, May 31 – Thursday, June 4
- ┆ Speed & Power Day Camp: Friday, May 29 & Saturday, May 30
- ┆ Session II: Sunday, June 7 – Thursday, June 11
- ┆ Speed & Power Day Camp: Friday, July 10 & Saturday, July 11
- ┆ Session III: Sunday, July 6 – Thursday, July 10

PHOTO/MEDIA RELEASE

I hereby give my permission and my consent to allow photographs of my child to be taken during camp session activities. I understand any such photographs may be published and used by **AUBURN SWIM CAMPS** for promotional use and to illustrate and to promote the camp experience and programs. It is further understood that neither I nor my child will receive any compensation for said photos. *(Camper's names will never be disclosed.)*

Name of Camper

Parent/Guardian Signature

Date

AIRLINE TRAVEL

(Only return if utilizing Airport Pick-up and Departure services)

2020 Auburn Swim Camps round-trip ground transportation cost is \$175. *(One way transportation is available for \$90.)* Camp counselors will personally escort your child round trip to/from Atlanta International Airport.

SOMEONE FROM AUBURN SWIM CAMPS WILL CONTACT YOU AND/OR YOUR PARENT(S) PRIOR TO YOUR DEPARTURE TO PROVIDE YOU WITH THE NAME AND PHONE NUMBER OF YOUR COUNSELOR/TRAVEL ESCORT. ONCE YOU RECEIVE THIS INFORMATION PLEASE NOTIFY YOUR AIRLINE AND PROVIDE COUNSELOR'S NAME SO SHE MAY ESCORT YOU DIRECTLY TO YOUR GATE.

If you do not receive a call, please call **334-703-6250**.

Camper's Name: _____ Age: _____
Cell Phone: _____

Camp Name: 2020 Auburn Swim Camps

Camp Session (s):

- ┆ Session I: Sunday, May 31 – Thursday, June 4
- ┆ Session II: Sunday, June 7 – Thursday, June 11
- ┆ Session III: Sunday July 6 – Thursday, July 10

When making flight reservations to and from the **Atlanta International Airport** please schedule flights according to times listed below. Also, in addition to the information requested below, a copy of your child's itinerary is appreciated.

****Please note that Atlanta is Eastern Time and Auburn is Central Time****

ARRIVAL - Please ARRIVE NO LATER than 2:00PM Eastern Time

Date and Time (Eastern): _____
Flight #: _____
Airline: _____
From: (City, Airport): _____

DEPARTURE- Please DEPART NO EARLIER than 4:30PM Eastern Time.

Date and Time (Eastern): _____
Flight #: _____
Airline: _____
Destination: (City, Airport): _____
Parent(s) Name(s): _____
Parent(s) Daytime phone #s: _____
Parent(s) Cell phone #s: _____
Parent(s) Evening phone #s: _____

If you need assistance, please contact Duncan Sherrard at **334-703-6250** or email at dsherrard@auburn.edu