

Michael Collins'
Winter Break High School Swim Camp
December 28-31, 2010
Tue-Fri, 12-4:00pm



COST

\$200 for all 4 days. \$60 for individual days

LOCATION

MDHS William Lyons Homes Aquatic Center

SCHEDULE

Tuesday - Freestyle & Backstroke Technique

Wednesday - Breaststroke & Butterfly Technique

Thursday - Free & Back Starts & Turns

Friday - Breast/Fly/IM Starts and Turns

DETAILS

Essential for swimmers who want to improve stroke mechanics, turns, starts, breathing patterns, race strategies, and more.

Camp includes technique instruction in the classroom and pool

Technique Instructional videos of Olympians

Underwater and above water video taping and analysis

**Michael Collins' Winter Break Swim Camp
Registration Form**

Make Check Payable & Mail to: MDHS Aquatics
1202 West Edinger Ave, Santa Ana, CA 92707-2191
Attn: Michael Collins Swim Camp

Entire Camp (4 Days): \$200

Or Select Days: (\$60 Each) Tue Wed Thur Fri

Participant Name:

First: _____ Last: _____

Year: (Circle One) 8 9 10 11 12

High School: Mater Dei Other: _____

Address: _____

City _____ ST ____ ZIP _____

Email: (PRINT in CAPS) _____

Home Phone: () _____ - _____

Parent/Guardian Name: _____

Parent/Guardian Phone: (Work) () _____ - _____

(Cell) () _____ - _____

Parent/Guardian Email: _____

____ I have read and signed the attached Assumption of Risk,
Waiver Release, and Hold Harmless Agreement.

Parent/Guardian Signature: _____

ASSUMPTION OF RISK, WAIVER, RELEASE, AND HOLD HARMLESS AGREEMENT

I am the parent and/or legally authorized guardian of the child participating in the _____ (the "Camp"). On behalf of myself, my spouse, my child/ward (the "Participant"), and my/our heirs, personal representatives, and assigns, I understand and agree to the following:

1. Assumption of Risks: that participation in the _____ and related travel, events and activities (the "Activity") is entirely voluntary and that participation in the Activity involves risks of injury due to certain inherent dangers that cannot be eliminated regardless of the care taken to avoid them. These injuries include, but are not limited to: physical contact with other individuals; contact with the ground, surfaces, fixtures, and equipment; and strenuous exertions, quick movements, and changes of speed, which place stress on the cardiovascular, muscular, and skeletal systems. The specific injury risks vary from (1) minor injuries such as scratches, bruises and sprains, to (2) major injuries such as eye injury or loss of sight, joint injuries, back injuries, heart attacks, and concussions, to (3) catastrophic injuries including paralysis and death. I agree, on behalf of the Participant, to assume these risks. I understand that if I or the Participant have questions about possible hazards, it is our responsibilities to seek additional information from the Camp staff prior to signing this Agreement. I also understand that, despite safety precautions, the Camp cannot guarantee that the Participant will not be injured

2. Waiver, Release and Hold Harmless: that in consideration for allowing the Participant to participate in the Activity, I agree not to sue and I hereby release, waive, discharge, hold harmless, indemnify, and defend the Camp, its employees, staff, volunteers, agents, directors, affiliates, sponsors, representatives, and Mater Dei High School from any and all liability, losses, damages, claims, actions, and causes of action of every nature for any and all known or unknown, foreseen or unforeseen, bodily or personal injuries, property damage, or other loss relating in any way to the Participants' involvement in the Camp.

3. Medical Release and Authorization: that I am unaware of any health issue or restriction that would affect the Participant's involvement in the Activity. The Participant has had a recent medical evaluation and is fully fit for the Activity. In the event of an emergency, I authorize the Camp to act for me in its best judgment in rendering any medical attention to the Participant. I further understand that I will be responsible for any medical expenses relating to the Participant's involvement in the Activity.

4. Arbitration and Jurisdiction: this Assumption of Risk, Waiver, Release, and Hold Harmless Agreement shall be construed under and governed by the laws of the State of California without regard to its choice of law rules. Any dispute arising out of or related to this agreement shall be resolved through binding arbitration conducted by JAMS Arbitration Services. Such arbitration shall take place exclusively in Orange County, California, the exclusive jurisdiction and venue of which is agreed. The prevailing party in any arbitration shall be entitled to recover its reasonable attorney's fees and costs.

I agree to allow my child/ward to participate in the Camp.

By signing below, I represent that I have read, understand and agree to the terms outlined above. I UNDERSTAND THAT BY SIGNING THIS DOCUMENT, I AM WAIVING CERTAIN LEGAL RIGHTS, AND DO SO VOLUNTARILY.

Parent/Guardian Name: _____

Signature: _____ **Date** _____

Participant Name: _____

Signature _____ **Date** _____