

**MANHEIM TOWNSHIP HIGH SCHOOL COMPETITIVE SWIM CAMP**  
**FALL 2024**

**This fall the Manheim Township High School swim team will be offering a competitive swim camp for students in Grades one through twelve. The camp will be run by the MTHS coaching staff. The camp will be limited to the first 100 participants. Please note that the fall swim camp is being operated by the Manheim High School swim team. As such, the checks should be made out to: "Manheim Township Swim Team". Registration forms, medical releases, "freedom from liability" agreements, and checks are due Monday, October 7. Please forward all paperwork and checks to:**

**Daniel Graybill  
163 Valleybrook Drive  
Lancaster, PA 17601**

**Please direct any questions to Dan Graybill at (717) 314-4895.**

**As in previous years, swimmers will be working on technique, mechanics, starts/turns, and conditioning. Swimmers who register for the camp are required to swim the length of the high school pool (25 yards). This is not swimming lessons. In addition, five year-olds will not be permitted in the program.**

**High School (Grades 9-12) – Monday, Oct. 14 through Thursday, Nov. 14**

**M T W Th F – 3:00 – 4:15 PM – Cost - \$150.00**

**Middle School (Grades 7-8) – Monday, Oct.14 through Friday, Nov. 8**

**M T W Th F – 3:00 – 4:15 PM - Cost - \$125.00**

**Upper Elementary (Grades 5-6) – Monday, Oct.14 through Friday, Nov. 8**

**M T W Th F – 4:30 – 5:30 PM – Cost - \$100.00**

**Lower Elementary (Grades 1-4) – Monday, Oct. 14 through Friday, Nov.8**

**M T W Th F – 4:30 – 5:30 PM – Cost - \$100.00**

**REGISTRATION WORKSHEET**

<u>SWIMMER'S NAME</u>	<u>AGE GROUP</u>	<u>FEE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**FALL SWIM CAMP MEDICAL RELEASE**

**If changes should occur, please inform the Head Coaches.  
An emergency form must be completed for each participant.**

**Swimmer**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, Zip \_\_\_\_\_ E-Mail \_\_\_\_\_

Date of Birth \_\_\_\_\_

Parent/Guardian Names \_\_\_\_\_ Cell Phone \_\_\_\_\_

**EMERGENCY CONTACT**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**Medical**

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Primary Insurance \_\_\_\_\_ Ins.ID# \_\_\_\_\_

What medications do you currently take? \_\_\_\_\_

Do you have any medical conditions?  Yes  No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Do you have any allergies?  Yes  No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

If you have asthma, will you have your inhaler with you at practice?  Yes  No

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Manheim Township High School Competitive Swim Camp - Fall 2024  
Medical Release/Freedom From Liability Agreement**

Save harmless, the said Manheim Township School District Authority and/or the Manheim Township School District from any and all claims, suits, liabilities, litigations of any kind or nature, by reason of any injury, or alleged injury, damage or alleged damage, sustained or alleged to be sustained, by any person, firm, organization, or corporation, arising out of the use of said premises and facilities, and we further agree to indemnify the Manheim Township School Authority and/or the Manheim Township School District from and against all costs, counsel fees, expenses and liabilities incurred as a result of any such claims or any action or proceeding brought thereon.

I understand that Manheim Township School District does not carry medical or accidental insurance for high school campers and I certify that \_\_\_\_\_,  
\_\_\_\_\_, (swimmers' first and last name/names) are covered by an insurance policy and that the Manheim Township High School swim camp employees nor the Manheim Township School District will be held financially responsible for any injuries to the above named swimmer/swimmers. Further, I authorize treatment to be referred to local physicians and medical facilities at my own expense.

Parent/Guardian Signature \_\_\_\_\_

Parent/Guardian Printed Name \_\_\_\_\_

Relationship to Athlete \_\_\_\_\_

Parent/Guardian E-mail \_\_\_\_\_

Parent/Guardian Phone Number \_\_\_\_\_

Swimmer Name(s) \_\_\_\_\_,  
\_\_\_\_\_