



UTAH SWIM CAMPS

CAMP PACKAGE

2021-22 Utah Fall/Winter camps

Congratulations you're registered for 2021-22 Utah Fall/Winter camps!

This package contains all the information needed to prepare for 2021-22 Utah Fall/Winter camps. Please read this package carefully since it contains vital information for a successful camp for the campers.

It is **VERY IMPORTANT** that you fill out the enclosed forms and either send it in by mail to: **University of Utah Athletics, ATTN: Jonas Persson, 1825 E. South Campus Dr., Salt Lake City, UT 84112**, scan it and send it to Camp Director Jonas Persson jpersson@huntsman.utah.edu, or bring it to registration on the first day of camp. Please understand that the camper is NOT allowed to participate in the camp without all signed forms.

Again, congratulations, you're registered for Utah Swim Camps 2021! We look forward working with you and improve your swimming. If you have any further questions after reading the package, please contact us

E-mail

jpersson@huntsman.utah.edu

Camp Director Jonas Persson

(419) 944-7194

Information for Parents

Check-in

Camper check-in information will be listed on itinerary that will be sent out 2-4 weeks before camp starts.

Check-out

Camper check-out information will be listed on itinerary that will be sent out 2-4 weeks before camp starts.

Contact information

E-mail: jpersson@huntsman.utah.edu

Jonas Persson: 419-944-7194
Michele Lowry: 801-349-7197
Jos Smith: 801-209-5668
Joe Dykstra: 801-230-2761

Communication

We encourage campers to contact family and friends during their breaks. However, during camp activities, cell phones are not permitted. If you, the parent or guardian, need to reach your child for an urgent matter during camp activities, please contact camp staff.

Refund Policy

A NON-REFUNDABLE deposit of \$25 is due at time of registration. **Final payment is due one week before the start of camp.**

If the cancellation is related to a family emergency or COVID related exposure, a full refund will be given.

Health and Safety

Alcoholic beverages, tobacco products or recreational drugs are strictly forbidden and constitute along with general misconduct, grounds for immediate dismissal from camp without refund or credit.

Information for Campers

Things to bring

As a part of this camp, we will require you to bring certain things. Utah Swim Camps are not responsible for lost or stolen belongings. We advise NOT to bring valuable items and to label clothing and equipment to minimize the risk of losing them.

Required items:

- An “athletic” training suit (we advise against board shorts or swim shirts)
- Goggles
- Cap (if used)
- Towel

Registration

Please visit www.utahswimcamps.com to sign up for camp.

Drop-off and Pick-up

It is VERY IMPORTANT that campers must check in and out with the staff immediately upon arrival and departure. **PARENTS** - Please note this and inform your swimmer of this repeatedly.

Please fill out the consent form in this packet detailing who will be picking up and dropping off your campers.

Only swimmers will be allowed in the pool area in order to adhere with Covid protocols. Parents are asked to stand outside the facility to wait for their campers.

Parking

Free parking will be available in the Dumke lot during camp weeks. The lot is located on the north side of the pool and just west of the track. Parents are encouraged to park in that parking lot when they drop off or pick up camper.

UNIVERSITY OF UTAH

**IMPORTANT: THIS IS A LEGAL DOCUMENT,
PLEASE READ AND UNDERSTAND THIS DOCUMENT BEFORE SIGNING.**

**MINOR PARTICIPANT INFORMED CONSENT & PARENT/GUARDIAN CONSENT TO TREATMENT,
WAIVER AND RELEASE FOR U OF U ATHLETIC CAMP**

This Agreement must be completed by the Participant and by Parent(s)/Legal Guardian in order to participate in the activities associated with this Camp.

Participant (print full name): _____

Name of Athletic Camp: Utah Swim Camps

Date(s) of Camp: _____

MINOR PARTICIPANT INFORMED CONSENT

I, the undersigned, am the Participant named above. I am familiar with the various activities that may be included in the Camp including, but not limited to, instruction, conditioning, practices, games, meals, lodging and travel to and from camp activities ("Camp Activities"). I understand that Camp Activities can include foreseeable and unforeseeable risks including death, serious neck and spinal injuries, which may result in complete or partial paralysis, brain damage, serious injury related to the eye and/or head, serious injury to virtually all internal organs, serious injury to all bones, joints, ligaments, muscles, tendons, and other part of the muscular/skeletal system, and serious injury or impairment to other aspects of my body and general health and well-being. I further recognize that there are risks associated with travel and that I could incur some or all of these injuries during travel to and from Camp Activities. Knowing of these risks, I freely and voluntarily participate in the Program.

I am also familiar with the rules of conduct and University policies relating to this Camp. I agree to abide by the all of the operating procedures, including safety procedures outlined by the Camp instructors, plus any directions given to me by an authorized University employee during the course of the Camp.

(Signature of Participant)

PARENT/GUARDIAN CONSENT TO TREATMENT, WAIVER AND RELEASE

I _____ am the parent/guardian of the above named Participant who is under 18 years of age. I am familiar with the activities described above which take place in the Camp and hereby give consent for my child to participate in the Camp. I understand that participation in the Camp can include foreseeable and unforeseeable risks as described above.

I acknowledge that the University has strongly recommended to me that I seek medical advice concerning my child's physical health, conditioning and abilities, prior to engaging in any Camp Activities. I state that my child is free from any known heart, respiratory or other health problems that could prevent my child from safely participating in any of the Camp Activities.

I hereby give my express consent in the event of injury for the University to obtain for my child any necessary emergency aid, anesthesia and / or operation, if in the opinion of the attending physician, such treatment is necessary.

I certify that my child has medical insurance (provide insurance information below) and otherwise agree to be personally responsible for costs of any emergency or other medical care that my child receives. I agree to release, waive, covenant not to sue, and hold harmless the University, and all of their officers, employees and agents (collectively the "Releasees") from the cost of any medical care that my child receives as a result of participation in the Camp.

I further agree to release Releasees from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, injury, illness, attorney's fees or harm of any kind or nature to me arising out of my child's participation in the Camp. This release extends to any claim made by parents or guardians or their assigns arising from or in any way connected with the aforementioned activities, excepting only such loss, damage or injury as may be caused by the sole negligence of any Releasee.

The University of Utah is taking precautions to protect participants from exposure to Covid-19, including mandating facial coverings and following CDC recommendations for physical distancing and cleaning and disinfecting, in accordance with the University In-Person Youth Programming Guidance. The University, however, cannot guarantee that exposure will not occur. I acknowledge that under Utah law, the University of Utah is not liable for any damages or injury resulting from exposure of an individual to COVID-19 on the University premises, or during any activity managed by the University.

I agree that the site of any lawsuit arising out of or related to participation in the Camp shall be Utah and that this Agreement will be governed by and construed in accordance with the laws of the state of Utah, without application of any principles of choice of law.

I shall pay any attorney fees or costs incurred by the University in enforcing this Agreement.

If any portion of this Agreement is held to be invalid by a court of law, then it is agreed and intended that all the remainder shall, notwithstanding, continue in full force and effect.

The University of Utah is committed to protecting minors participating in University programs. If you, as a parent/guardian, have concerns about any misconduct in connection with the above named Event/Program, please contact the University's Office of Equal Opportunity and Affirmative Action at (801) 581-8365.

I AM SIGNING THIS DOCUMENT OF MY OWN FREE WILL. I HAVE HAD THE OPPORTUNITY TO SEEK LEGAL COUNSEL BEFORE SIGNING THIS DOCUMENT. NO PROMISES OR REPRESENTATIONS HAVE BEEN MADE TO ME TO GET ME TO SIGN THIS DOCUMENT.

Signature of Legal Guardian and/or Parent of Participant

Date

Emergency Contact Name and Relationship to Participant

Emergency Phone Number

Participant's Insurance Company Name and Address: _____

Insurance Policy Number: _____

COVID Protocol and Sick Policy Expectations – Fall/Winter Clinics 2021-22

Program/Activity/Camp Name: _____

Participant Name: _____

Parent/Guardian Name: _____

Program Sick Policy

The Program has established a sick policy for all Participants and Parents/Guardians. It is the responsibility of the Parent/Legal Guardian and the Participant to review and know the policy.

Program COVID Protocols

The Program has established protocols to reduce the spread of COVID-19. It is the responsibility of the Parent/Legal Guardian and the Participant to know and follow all protocols and expectations related to COVID-19 protocols.

Expectations of parent/guardian to support their child's participation:

- My child will not attend if experiencing any of the following symptoms:
 - A fever of 100.4°F or higher (any time within the last 24 hours)
 - A new or worsening cough
 - A sore throat
 - Tightness in the chest or difficulty breathing
 - Muscle aches, headache, or chills
 - Change in taste or smell
 - Nausea, vomiting, or diarrhea
- My child will not attend if they or anyone in the household been ordered to quarantine or isolate by the Health Department due to COVID-19
- I will follow health screening protocols as directed by the program administrators
- I will notify the program director should my child test positive for COVID-19 at any time during the program
- I will promptly pick up my child if they show symptoms of illness during camp and I am contacted by program staff

Expectations of participant:

- I will follow all COVID protocols:
 - Wear a face covering at all times outside of water time
 - Follow proper hand hygiene and sick etiquette
 - Maintain physical distancing
- I will notify a staff member if I start to feel ill while at camp
- I am expected to be respectful to the staff and other participants

What are the consequences if I do not follow the rules and policies of the program?

If a camper chooses to not follow the expected guidelines, he/she will be asked to leave the camp and will not receive a refund.

Participant (Camper) Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Pick-up and Drop off Release Form

**Please note that due to the current COVID situation, we discourage carpooling.*

***If carpooling is necessary, please have everyone in the vehicle wear a mask.*

Camper Name: _____

Please List who is allowed to Pickup and Drop off your camper:

Name: _____

Phone: _____

Name: _____

Phone: _____

*If camper is of age to drive, please see below.

I authorize my camper to drive him/herself to and from camp.

(Signature of Parent/Guardian)