



2012 Registration Application

Office • 13832 N. 32nd St. #100, Phoenix, Arizona 85032
 www.hubbardsports.com • 602.971.4044 tel • 602.765.2950 fax

Camper Information New Family Returning Family

 First Camper's Name Gender Birthdate Friend Request (spell exactly the same as friend's registration)

 Second Camper's Name Gender Birthdate Friend Request (spell exactly the same as friend's registration)

 Parent's Name Email Address (needed for confirmation email)

 Primary Phone (Circle H, W or C) Secondary Phone (Circle H, W or C)

 Address City State Zip

I would like these hours: Full Day (8:30am-3:30pm) Half Day (8:30am-12:00pm)

I would like the following location:

Phoenix Swim Club	2902 E. Campbell Rd, 85016	Phoenix	Weeks 1 - 11
Sunnyslope High School	35 W. Dunlap, 85020	Phoenix	Weeks 2 - 9
Tesseract High School	3939 E. Shea Blvd, 85028	Phoenix	Weeks 1 - 11
Rancho Gilbert	1305 S. Gilbert Rd, 85226	Gilbert	Weeks 1 - 10
Rancho Greenway	5656 E. Greenway, 8525	Scottsdale	Weeks 1 - 10
Rancho Hillcrest	7877 W. Hillcrest Blvd, 85383	Peoria	Weeks 1 - 10

I would like the following weeks: (* pro-rated)

Week 1*	May 29 - June 1	Week 5	June 25 - 29	Week 9	July 23 - 27
Week 2	June 4 - 8	Week 6*	July 2 - 6	Week 10	July 30 - August 3
Week 3	June 11 - 15	Week 7	July 9 - 13	Week 11	August 6 - 10
Week 4	June 18 - 22	Week 8	July 16 - 20		

Fees	Full Day	Full Day	Half Day	Half Day
	1st Camper	Add'tl Sibling	1st Camper	Add'tl Sibling
Weekly Fees	\$ 215	\$ 205	\$ 160	\$ 150
*Pro-rated Fees	\$ 172	\$ 164	\$ 128	\$ 120
Rancho Greenway Fees	\$ 250	\$ 250	\$ 180	\$ 180

Extended Stay

- Extended Stay is available from 7:30 - 6:00pm for an additional fee \$40 weekly \$15 Daily Drop In.
- Credit card must be on file for extended stay payments.

Payment

- Payment is due in full for your first week at time of registration.

Cash Check (payable to Hubbard Summer Sports Camps)
 Master Card Visa American Express

 Card # Exp. Date

 Cardholder's Name (please print)

Credit Cards will be charged one week prior to each additional week and for all extended stay fees.

Do not charge my card for additional payments

I have read and agree to all Hubbard Summer Sports Camps FAQ/Policies. Signature is required to complete registration.

 Parent or Guardian Signature Date



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Swim level (camper #1):

Beginner

Intermediate (breathe on their own)

Advanced (independent)

Hubbard swimmer level: _____ (type it in)

Swim level (camper #2):

Beginner

Intermediate (breathe on their own)

Advanced (independent)

Hubbard swimmer level: _____ (type it in)

Attending Rec Team Practice @ Rancho Greenway Campus

8:00am practice

3:30pm practice

4:30pm practice

Family Status:

Married

Divorced

Separated

Widowed

Single

Other

School attending next year: _____

Who has custody of the camper(s)?

Both (parents live together)

Joint custody (parents live apart)

Mother

Father

Guardian

Grandparents

Other: _____

How did you hear about us?AA

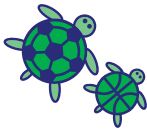
Friend

Hubbard Email

Publication: _____

Internet: _____

Other: _____



Hubbard Summer Sports Camps

Phoenix Swim Club Sunnyslope High School Rancho Gilbert
Tesseract High School Rancho Greenway Rancho Hillcrest

2012 Consent and Waiver Form

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First Child's Last Name	First	Birthdate	Age	Gender
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Second Child's Last Name	First	Birthdate	Age	Gender
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Home Address	City	State	Zip
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Please list whom to contact in the case of an emergency

1.

Contact Name	Relation to camper	Phone (Circle H, W or C)	Phone (Circle H, W or C)
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2.

Contact Name	Relation to camper	Phone (Circle H, W or C)	Phone (Circle H, W or C)
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Medical History

List, if any, medical history (allergies, learning disability, medications, etc.) that we should know about or that would help us in working with your child:

Preferred Hospital	Family Doctor Name	Phone
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CONSENT FOR EMERGENCY MEDICAL TREATMENT

In the event of a medical emergency, the undersigned Parent(s)/Guardian(s) of the above named participant(s), hereby grants authorization to the Hubbard Family Swim School and Hubbard Summer Sports Camps ("Hubbard"), and its representatives, to employ any legally licensed physician or health care facility on behalf of each of the undersigned, and to direct and/or order emergency medical treatment for the above named participant(s). Each of the undersigned further agrees that neither Hubbard nor any of its representatives, shall be liable under any circumstances to anyone for exercising the foregoing authority in the event of an emergency.

INFORMED CONSENT AND WAIVER/RELEASE

I, the undersigned, as the parent or legal guardian of the child(ren) listed on this application in consideration of the request and permission of my son(s)/daughter(s) to participate in the Hubbard programs, including, but not limited to the Sports Camps, Swim Lessons, Swim Squads/Teams, and transportation to/from Tesseract and Elks Lodge and Rancho Hillcrest and Hubbard Family Swim School Peoria, hereby assume full responsibility for all risks of injury or loss which may result from my son's/daughter's participation in this activity and hereby agree to hold harmless, release and forever discharge Hubbard, its officers, agents and employees from and waive any and all claims and demands whatsoever which the undersigned and any of them or any third person of any accident, illness, injury, or death of any person and persons, or damage to or loss or destruction of any property arising or resulting from swimming, archery, weight training, and a variety of strenuous exercise, vigorous physical activities and/or running directly or indirectly from my son's/daughter's participation in the aforementioned program and occurring during said participation or any time subsequent thereto, save and except that the above provisions shall not be applicable to injury to or death of persons, or damage to or loss of property arising out of the sole negligent acts or omissions of Hubbard, their officers, agents or employees. The terms of this release shall serve as a release and assumption of risk for my son(s)/daughter(s), heirs, executors and administrators and for all my family members.

I understand, agree, and acknowledge that there are risks inherent in the sports activities conducted by the Hubbard Family Swim Schools and the Hubbard Summer Sports Camp, including, but not limited to paralyzing injuries, brain injuries, and death. These activities may be of a hazardous nature and/or may include activities such as swimming, a variety of strenuous exercise, and vigorous physical activities. With the full understanding of the facts, I state, that to the best of my knowledge, my son(s)/daughter(s) listed on this application has no medical, physical, mental or emotional health condition which would hinder or prevent his/her active participation in Hubbard programs.

MINOR MODEL RELEASE

I understand that Photos and Videos (herein and after collectively "Images") are occasionally taken at Hubbard Family Swim School and Sports Camps ("HFSS") facilities and that any Images taken of myself or my minor child may be used. I here by give HFSS my permission to license the Images and to use the Images in any Media for any purpose (except pornographic or defamatory) which may include, among others, advertising, promotion, marketing or packaging for any product or service. I agree that the Images may be combined with other images, text and graphics, and cropped, altered or modified.

I agree that I have no rights to the Images, and all rights to the Images belong to HFSS. I acknowledge and agree that I have no right to Consideration or accounting, and that I will make no claim for any reason to HFSS.

I have read and understood, and I agree with the informed consent and waiver/release, emergency medical authorization, and minor model release outlined above as it relates to my son(s)/daughter(s).

Parent or guardian signature

Date