Welcome to University Swim & Gym!

In this packet, you will find all of the information you need to register your child for the fall 2011 session of Swim & Gym. Children must be registered prior to the start of the program. All paperwork and payments must be received by September 9, 2011. Paperwork can be mailed or brought to the main office located at 243 Forker Building. Please address all paperwork to Jenny Smith.

Included in this packet are the following items:

1. Registration Form
2. Medical Information Form
3. Release and Waiver
4. Activity Information Form
5. Photograph Release Form
6. Swim & Gym Schedule

Fee information for all families

<table>
<thead>
<tr>
<th>Number of Children</th>
<th>Amount Due</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>$75</td>
</tr>
<tr>
<td>2</td>
<td>$145 (75+70)</td>
</tr>
<tr>
<td>3</td>
<td>$205 (75+70+60)</td>
</tr>
<tr>
<td>4</td>
<td>$255 (75+70+60+50)</td>
</tr>
</tbody>
</table>

Checks should be made payable to “Iowa State University”. We do not accept cash or credit card.

Please mail paperwork and check to: Swim and Gym Program
C/o Jenny Smith
243 Forker Building, ISU
Ames, IA 50011
Swim & Gym  
Iowa State University  
Registration Form

Child’s Name ____________________________________________________________
Birthdate ___________________ Age ___________________
School _____________________ Grade in School ________

Parent/Guardian Information
Name(s) _______________________________________________________________
Relationship to Child ____________________________________________________
Address ________________________________________________________________
City ___________ State _______ Zip _________________
Home Telephone Number: _______________ Cell phone: ________________
What number should be used during Swim and Gym (4:00-5:30pm) in case of an emergency?
________________________________

Email Address___________________________________________________________

Emergency Contact
If possible, please indicate a local person to contact in the event your child needed to be picked up and
the parent/guardian was not available.

Name ________________________________________________________________
Relationship to Family/Child _____________________________________________
Address ________________________
City ___________ State _______ Zip _________________
Telephone Number to use after 4pm on weekdays: _______________________
Does this individual have permission to transport your child in the event that you (parent/guardian) are not
available? ________________________________________________________
Both sides of this form must be completed by the participant’s legal guardian because participants in this program are under the age of 18. The information we ask you to provide is necessary in the event your child needs medical treatment during our activity-based program. This form will be returned to you if it is incomplete. Please type or print in ink.

I authorize the disclosure of medical information to my insurance company for the purpose of claim. I understand that I will be responsible for any medical or other related charges in the event that my child needs medical treatment in connection with my child’s participation in the Swim and Gym Program.

PARTICIPANT INFORMATION

Participant’s Name ___________________________ Date of Birth ________________________________

Permanent Address __________________________ Gender _____

City, State, Zip ___________________________ Home Phone ( __ ) ___________________________

MEDICAL CONDITION (Please Print)

Does the participant have any of the following conditions or a history of any of the following conditions?

Heart or cardio-vascular problems/disease:  _____ Yes  _____ No

Diabetes:  _____ Yes  _____ No

Ear infections:  _____ Yes  _____ No

History of convulsions/seizure:  _____ Yes  _____ No

Allergies to foods, insects, other:  _____ Yes  _____ No

Chronic bone, muscle or joint injuries:  _____ Yes  _____ No

Migraine headaches:  _____ Yes  _____ No

Difficulty adjusting to high altitudes:  _____ Yes  _____ No

Other condition(s) (Please list): ____________________________________________________________

Is the participant currently on any prescribed medication?  _____ Yes  _____ No

If so, please record the condition/aliment, name of medication, dosage, time(s) of day, prescribing physician:

________________________________________________________________________________________

Is he or she taking other medication or dietary supplements on a daily or weekly basis?  _____ Yes  _____ No

If so, please record the name, dosage, and approximate schedule:

________________________________________________________________________________________

Is the participant allergic to any medications?  _____ Yes  _____ No

If so, please list: __________________________________________________________

Is he or she allergic to any other substances?  _____ Yes  _____ No

If so, please list: __________________________________________________________

Date of last Tetanus Immunization: _______/_______/________

If you were unsure of the date:

Would you say it was within the last 5 years?  _____ Within the last 10 years?  _____
MEDICAL EMERGENCY CONTACT INFORMATION

First Contact:
Name___________________________________
Relation to Participant_______________________
Number to call on Tues/Thurs between 4-5:30pm: __________________________

Second Contact (Relative or Friend):
Name___________________________________
Relation to Participant_______________________
Number to call on Tues/Thurs between 4-5:30pm: __________________________

INSURANCE POLICY INFORMATION (Please Print)

The above-named participant is covered by health insurance     ____ Yes     ____ No

If yes, provide the following information required by Iowa State University to expedite treatment and facilitate the billing process.

Policy Holder's (P.H.) Name_________________________ P.H.’s Date of Birth___________
Address _______________________________ Relation to Participant____________________
City, State, Zip_____________________________ Occupation___________________________
Policy Holder's Employer's Name__________________________
Employer Address_______________________________________________________________
Insurance Company Name________________________________________________________
Insurance Company Address________________________________________________________
Policy #_________________________ Plan #____________________________

Does your insurance carrier require prior approval?       Yes      No

If not covered by insurance, initial this line stating that you do not have health insurance and are aware that Iowa State University does not carry any health insurance for you. ______
IOWA STATE UNIVERSITY
RELEASE AND WAIVER OF LIABILITY
2011

PLEASE READ THIS CAREFULLY.

It affects any rights you or your child may have if your child is injured or otherwise suffers damages while participating in “Swim and Gym” Program sponsored by the Kinesiology Department, beginning September 13, 2011 and ending November 17, 2011.

I,______________________(participant) and __________________________(participant’s parent or legal guardian) hereby release, waive, discharge and covenant not to sue the Kinesiology Department, the State of Iowa, the Board of Regents of the State of Iowa, Iowa State University, and any of the officers, servants, agents and employees of the above-mentioned entities (hereinafter referred to as RELEASEES) for any liability, claim and/or cause of action arising out of or related to any loss, damage or injury, including death, that occurs as a result of my child’s participation in the above-described activities.

I understand my child must be healthy and reasonably fit in order to safely participate in “Swim and Gym” activities and that I will inform the program supervisor(s) of any medication, ailment, condition, or injury that may affect my child’s ability to participate. I agree to indemnify and hold harmless the RELEASEES whether injury is caused by my negligence, the negligence of the RELEASEES or the negligence of any third party. I further agree that this Release and Waiver of Liability shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above-named RELEASEES. I hereby further agree that this Release and Waiver of Liability shall be construed in accordance with the laws of the State of Iowa.

By signing this Release and Waiver of Liability, I state that I have read and understand the conditions set forth in this Release and that I agree to all conditions set forth herein, and that I sign this voluntarily.

Printed Name of Participant __________________________________________________________________________ Date ____________

Printed Name of Parent or Guardian________________________________________________________________________ Date ____________

Signature of Parent or Guardian________________________________________________________________________ Date ____________
Swim & Gym
Iowa State University
Activity Information

Child’s Name ____________________________________________________________

School _______________________ Grade in School _________ Age ______

Gymnasium

Does your child have physical education (gym class) at school or within a home school program?
________________________

Does he/she like P.E.? __________________________

Has your child ever had to sit out of P.E. because of a medical problem or condition? If yes, please explain.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Is there anything your child needs to participate in gym class or play actively (take medicine, use an inhaler, etc.)? If yes, please explain.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

What are your child’s favorite things to do in P.E. class? _______________________
________________________________________________________________________

What are your child’s least favorite things to do in P.E. class? _____________________
________________________________________________________________________
How well does your child swim?
________________________________________________________________________

Does your child like to swim and/or play in the swimming pool? ________________

Has your child ever taken swimming lessons? ________________________________

Does your child put his/her head underwater? ________________________________

Does your child open his/her eyes underwater? ________________________________

Does your child have tubes in his or her ears? ________________________________
    If yes, does he/she know how to insert his/her earplugs? ________________

Are there any other issues that might be relevant to your child’s participation in the swimming aspect of this program (health conditions, past experiences, etc.)?
________________________________________________________________________
________________________________________________________________________
AUTHORIZATION

USE OF PHOTOGRAPH/IMAGE/VOICE RECORDING

(Swim & Gym Program: September 13-November 17, 2011)
(Kinesiology Department)
Iowa State University

PLEASE READ THIS CAREFULLY. It affects any rights you may have concerning the use by Iowa State University (ISU) and the Swim & Gym program of any photographs or images and/or voice recordings taken of your child during the following program:

Swim & Gym

In consideration of my participation, I ____________________________

hereby grant full permission to ISU and the Swim & Gym program to use, record, reproduce and exhibit my name, image, likeness, voice, or any or all of them in the production of publicity, including printed publications, and video/audio and digital recordings, for use in a worldwide website, television tape recording, sound track recording, motion picture, filmstrip, or still photograph, or any transcript therefore, in connection with the Kinesiology Department and Swim & Gym activities.

I agree that I am to receive no further consideration, other than that already received, for any use or future uses by ISU or the Swim & Gym program.

I intend for this agreement to be binding on my heirs and successors, and it represents the entire agreement between the Swim & Gym program and me regarding the matters herein agreed.

I waive any right to inspect or improve the finished version, including written copy, that may be created in connection with the photographs, images and/or voice recordings.

I also consent to republication of my photograph/image and/or voice recording in the normal course of business of ISU, including any Internet publications about ISU and its programs.

____________________  ____________________________
(Date)               (Participant’s Signature)

____________________
(Signature of Parent or Guardian if participant is less than eighteen years of age)
Welcome to Swim & Gym!

Here is a schedule to hang up at home to remind you of when University Swim & Gym will be meeting.

**Days/Dates**

Swim & Gym meets on Tuesdays and Thursdays. All sessions will be held at the Forker Building on the Iowa State University campus. The program is 10 weeks in length.

**Begins:** Tuesday, September 13, 2011  
**Ends:** Thursday, November 17, 2011

**Times**

**Tuesdays & Thursdays**
- Drop-Off: 3:45-4:00pm at Gym 202W (upstairs in Forker)  
- Pick-Up: 5:30pm in the lounge located downstairs in Forker (close to the pool locker rooms)

Employees meet children in the gymnasium and will not be stationed outside. We are not responsible for the children until they enter the gymnasium. Parents are not required to attend these sessions with their child(ren), but they are always welcome to stay after drop-off in the gym.

**What should I bring?**

Children should wear loose, comfortable clothing and **athletic shoes** to every session. Sandals, flip-flops, and Crocs should not be worn. Children should bring a bathing suit and towel each day so that they may participate in swimming lessons. Children should also bring a plastic bag in which they can deposit their wet suits and towels after swimming. Other items like goggles, swim caps, etc. are not required, but children may bring their own if they would like to use them.

**Contact Information**

Program coordinator: Jenny Smith  
Office phone: 294-1762  
Email: gavsmom@iastate.edu
**Information about Swim and Gym**

Swim and Gym is an after school program that provides physical activity opportunities in both a physical education setting and pool setting. From 4:00-5:00pm, students participate in a physical education setting in gym 202W (Forker) or outdoors. Generally, students are placed into groups based on age. We typically have an older group that participates in activities with more challenging rules or objectives. Our younger children participate in activities that teach fundamentals and basic skills. We provide units that include team sports, fitness, gymnastics, and cooperative play. From 5:00-5:30pm, we provide swimming lessons in the Forker pool. During the first week of Swim and Gym, swimming skills are assessed and students are placed in appropriate swimming lesson groups.

Our program is staffed primarily by undergraduate students majoring in physical education within the Kinesiology Department. Students in the physical education program are often hired so they may gain experience in a physical education setting. Registration is limited to ensure we have the correct ratio of instructors to children. Swim & Gym works with the Office of Risk Management to ensure all employees have the appropriate background to work with children and young people.

Before and after swimming lessons, the children will change in the locker rooms located next to the Forker pool. The locker rooms are supervised by the same instructors that help in the gym and pool. After swimming, adults remain in the locker rooms and lounge area until all children are picked up by their parent or guardian.

Information about photography:

Photographs are taken during gymnasium activities and placed on bulletin boards in the Kinesiology Department. We do not take photographs in the pool area. It is not mandatory that a parent sign a release form for photography. We’ll take measures to ensure your child is not photographed if you do not wish to sign the release form.