Welcome to University Swim & Gym!

In this packet, you will find all of the information you need to register your child for the fall 2014 session of Swim & Gym. Children must be registered prior to the start of the program. All paperwork and payments must be received by September 8, 2014. Paperwork can be mailed or brought to the main office located at 237 Forker Building.

Included in this packet are the following items:

1. Payment Information
2. Program Departure Release
3. Activity Information Form
4. Swim & Gym Schedule

Fee information for all families

<table>
<thead>
<tr>
<th>Number of Children</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$85</td>
</tr>
<tr>
<td>2</td>
<td>$165 (85+80)</td>
</tr>
<tr>
<td>3</td>
<td>$235 (85+80+70)</td>
</tr>
<tr>
<td>4</td>
<td>$295 (85+80+70+60)</td>
</tr>
</tbody>
</table>

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

Please mail paperwork and check to: ISU Swim and Gym Program
C/o Jennifer Smith
202B Forker Building, ISU
Ames, IA 50011
Swim and Gym Fall 2014
Iowa State University of Science and Technology
PARENTAL PERMISSION AGREEMENT

Student Participant’s Name: ___________________________  FIRST  MIDDLE  LAST

You have requested that your child be allowed to participate in the Swim and Gym fall 2014 at Iowa State University. All recreational activities involve risks, and it is important for you and your child to have information about this program and to provide program leaders with information about your child. This Parental Permission Agreement must be read carefully and signed by the parent/guardian of each student participant who takes part in the program. THIS IS A LEGAL CONTRACT AND AFFECTS ANY RIGHTS YOU MAY HAVE IF YOU OR YOUR CHILD ARE INJURED OR OTHERWISE SUFFER DAMAGES WHILE PARTICIPATING IN SWIM AND GYM FALL OF 2014.

Inherent Risks and Dangers of Recreational Activities: _______ (Parent/Guardian Initials)

I understand and appreciate that risk is inherent when participating in recreational activities. The Swim and Gym Program involves active physical participation in team sports, gymnastics, dance, swimming, and other fitness activities. While participating in these activities, the body is subject to a variety of influences that may become potentially hazardous. Some of these hazards include, but are not limited to: cuts, abrasions, contusions, outdoor allergens, sunburn, dizziness, muscle cramps, heart attack, stroke, drowning, and a variety of other injuries, up to and including death. I affirm to the best of my knowledge, that my child is in good physical and mental health and free from cardiovascular, respiratory or other diseases or ailments, which could endanger him/her while participating in this program.

Behavior Expectations of the Participant: _______ (Parent/Guardian initials)

- Successful participation in recreational activities requires participants to abide by general rules and regulations as well as rules specific to the particular activity (swimming, volleyball, gymnastics, etc.). It is important to follow the directions of the activity leader(s) at all times.
- Participants are expected to exhibit appropriate behavior at all times. Inappropriate behavior will be discussed with the child when it occurs. Negative behavior affects more than just the participant involved in the misconduct; it can affect all those around them. If a participant is destructive to University property, the parent will be contacted for appropriate payment and/or dismissal from the program.
- The Swim and Gym Program may dismiss any participant due to violence, bullying, or other destructive behavior. Registration fees may or may not be returned at the discretion of the Program Director.

For Student Participant:
I agree to follow the Swim and Gym behavior policies and participate to the best of my abilities.
I will treat other students, staff, and volunteers with respect and help to make this program safe and enjoyable for all.

Participant Signature: ___________________________  Date: _______________
Image/Voice Permission: ________ (Parent/Guardian initials)

Photographs or video/audio recordings may be taken of you/your child during Swim and Gym program activities. Unless you request otherwise, this Agreement will be considered permission for Iowa State University and the Swim and Gym program to photograph, film, audio/video tape, record and/or televise your image and/or voice and/or your child’s image and/or voice for use in any publications or promotional materials, in any medium now known or developed in the future without any restrictions. If you object to ISU using your image or voice and/or your child’s image or voice in this manner, please notify the Program Director, in writing, upon submission of this Agreement.

Release and Waiver of Liability

I, ___________________________ (Parent/Guardian of Participant) hereby release from liability, waive, discharge and covenant not to sue Iowa State University; Board of Regents, State of Iowa; and the State of Iowa, 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 Swim and Gym Program fall of 2014.

I understand all of the dangers and risks involved in the physical and recreational activities included in this Program.

I agree to indemnify and hold harmless the RELEASEES when loss, damage or injury is caused by my/my child’s negligence, gross negligence or intentional acts. 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 Parental Permission Agreement, my child and I agree to all conditions set forth herein, and I sign this voluntarily.

This Parental Permission Agreement and Release and Waiver of Liability shall be governed by and construed under the laws of the State of Iowa, which shall be the forum for any lawsuits arising from or incident to this Agreement.

_________________________  ________________________________
Date  Parent/Guardian Name (please print)

_________________________
Parent/Guardian Signature
Swim and Gym Program Fall 2014
Iowa State University of Science and Technology
PARTICIPANT MEDICAL/HEALTH INFORMATION

PARTICIPANT INFORMATION

Participant's Name __________________________
Permanent Address__________________________ Date of Birth ________ Gender__________
City, State, Zip _____________________________ Home Phone ( )________________

The information recorded on this form is intended for use by the Program’s leader or emergency medical personnel.

PARENT/GUARDIAN INFORMATION

Name: __________________________________ Name: __________________________________
Phone: (___) _________ Phone: (___) _________
Email Address:______________________________________________________________

EMERGENCY CONTACT INFORMATION

Please provide contact information for other people who know your child and with whom we can consult if we cannot reach you. We assume you have spoken with these individuals and they are willing to assist should the need arise.

Name: __________________________________ Name: __________________________________
Relationship: ____________________________ Relationship: ____________________________
Phone: _________________________________ Phone: _________________________________

INSURANCE POLICY INFORMATION

I understand that Iowa State University does not carry health or accident/medical insurance for participants in the Swim and Gym Program. _____ (Parent/Guardian Initials)

The Participant is covered by health insurance: ____ Yes  ____ No
Policy Holder's Name________________________________ Relation to Participant__________________
Insurance Company Name________________________________
Insurance Company Address:________________________________
Policy #_______________________ Plan #________________________

MEDICAL/HEALTH INFORMATION

Does the Participant have any of the following conditions or a history of any of the following conditions?
Asthma __________ Yes __________ No
Heart or cardio-vascular problems/disease __________ Yes __________ No
Allergies (food, bees, medicine, etc.) __________ Yes __________ No
Diabetes __________ Yes __________ No
History of convulsions/seizures __________ Yes __________ No
Chronic bone, muscle or joint injuries __________ Yes __________ No
Migraine headaches __________ Yes __________ No
Ear infections and/or hearing problems __________ Yes __________ No

Please explain any “YES” answers (attach additional pages if necessary):

____________________________________________________________________________________
Please list and explain any additional information which may impact your child’s ability to fully participate in the Swim and Gym program:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

HEALTH CONDITION OF THE PARTICIPANT

Participants must be healthy and reasonably fit to safely participate in recreation activities. By signing this Parental Permission Agreement, you agree:

- That your child has the physical fitness, ability and skill level to participate safely in the specified physical fitness activities included in this Program.
- To inform the Program Director of any medication, ailment, condition, or injury that may affect your child’s performance in Program activities.
- That you will bear all financial responsibility for any medical treatment arising from your child’s participation in the Swim and Gym Program.

PARENT/GUARDIAN AUTHORIZATION FOR FIRST AID AND HEALTH CARE

Name of Family Doctor: __________________________ Office Phone #: __________________________

Name of Family Dentist: __________________________ Office Phone #: __________________________

This Medical/Health Information form is correct and complete to my knowledge. My child (Participant) has permission to participate in all Swim and Gym Program activities except as explained in writing to the Program Director. I hereby give permission to the Swim and Gym Program staff to provide routine first aid if needed. If I cannot be reached in an emergency, I give permission to Program staff to seek emergency treatment including x-rays, routine tests, and treatment for the health of my child.

_________________________________________  ________________________________
Date                                              Parent/Guardian Name (please print)

_________________________________________
Parent/Guardian Signature
Swim and Gym 2014  
Program Departure Release

Swim & Gym personnel will remain with your child at the conclusion of Swim and Gym each Tuesday and Thursday. Please complete the following information to ensure an approved adult is retrieving your child at 5:30pm.

An adult must come to Forker 102 to pick up your child. We cannot take your child outside or to the parking lot. Forker 102 is the undergraduate lounge area located outside the pool locker rooms. It is located a floor below Gym 202 (drop-off location). We ask that at least two adults be listed below.

**Approved Adult for Pick-Up #1:**

Name: ____________________________

Relationship to Child: ________________

Phone number: ________________________

(Please provide a number that can be reached between 5:30-5:45pm)

**Approved Adult for Pick-Up #2:**

Name: ____________________________

Relationship to Child: ________________

Phone number: ________________________

(Please provide a number that can be reached between 5:30-5:45pm)

**Approved Adult for Pick-Up #3:**

Name: ____________________________

Relationship to Child: ________________

Phone number: ________________________

(Please provide a number that can be reached between 5:30-5:45pm)

Please keep the Program Director updated with any changes. It is necessary to notify Jennifer Smith if an adult not listed on this document needs to retrieve your child from Swim & Gym.

Jennifer Smith, M.S.  
Swim & Gym Director  
gavsmom@iastate.edu  
515-294-1762
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 to participate in physical education? _______________________

Is there anything your child needs to safely 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? __________________________
________________________________________________________
________________________________________________________
________________________________________________________
Aquatic Experiences

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.)?  
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
University Swim & Gym Schedule
(Please keep the following information! DO NOT RETURN this with your paperwork!)

Welcome to Swim & Gym!

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

**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 16, 2014
**Ends:** Thursday, November 20, 2014

**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)
- Pool Balcony is unlocked at 5:00pm for parents/guardians that want to view swim lessons.

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, 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. If goggle use is desired, please do not provide scuba goggles as they cover your child’s nose and prevent proper breathing in the water.

**Contact Information**

Program Director: Jennifer 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 additional 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. If a photograph is desired for advertisement purposes, the parent/guardian will be contacted for permission.