

# *Fluid Mechanics, Inc.*

Come visit us at our website at  
[www.fluidmechanics.net](http://www.fluidmechanics.net)

Dear Swimmer:

Congratulations on selecting the Fluid Mechanics Residential Swim Camp. Our Certified Consultants are looking forward to assisting you in learning proper stroke mechanics through the use of unique educational techniques. We will do everything possible to make camp a positive experience that you will remember for years to come.

Please fill out the enclosed forms, sign and have your parents sign in the appropriate places, and return or fax them to the address below within three weeks of receipt. Most forms have a front and back to fill out. All forms are due not later than April 1. The earlier we receive your forms the more likely we will be able to accommodate your requests. If you have any questions, please feel welcome to call or e-mail us.

We look forward to seeing you soon!

**Registration packets are due within 3 weeks!**  
**Physical examination is required**

<input checked="" type="checkbox"/> REQUIRED <b>Have you completed your packet?</b>	
▼ Registration packet must be returned within 3 weeks of placing your order	
<input type="checkbox"/>	Participant Information
<input type="checkbox"/>	Informed Consent For Exercise Treatment
<input type="checkbox"/>	Photography Consent
<input type="checkbox"/>	Include copy of your health insurance card
<input type="checkbox"/>	Medical Questionnaire
<input type="checkbox"/>	Vaccination Dates
<input type="checkbox"/>	Informed Consent To Administer Medication
<input type="checkbox"/>	Consent For Medical Treatment
<input type="checkbox"/>	Swim Camp Cancellation and Rescheduling Policies
▼ Dr's Consent – may be unattached and returned by June 10	
<input type="checkbox"/>	Physicians Consent For Exercise Treatment
▼ For internal use only	
Camper	
Received	Adjusted

# Participant Information

Due within 3 weeks

**REQUIRED** Please fill in all blanks to the best of your ability.

Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Sex: M/F  
 Phone #: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_-\_\_\_\_ e-mail: \_\_\_\_\_  
 Camp Attending: \_\_\_\_\_ T-shirt size (circle one): M L XL  
 # of Days: \_\_\_\_\_ Package Purchased: \_\_\_\_\_  
 Summer Team: \_\_\_\_\_ Coach: \_\_\_\_\_  
 Winter Team: \_\_\_\_\_ Coach: \_\_\_\_\_  
 High School Team: \_\_\_\_\_ Coach: \_\_\_\_\_  
 Preferred roommate, if any (**choose only one**): \_\_\_\_\_

Have you ever been to camp before? \_\_\_\_\_ If yes, what camps: \_\_\_\_\_  
 Years of Competitive Swimming Experience: \_\_\_\_\_  
 Events I currently swim: \_\_\_\_\_  
 Events I would like to swim: \_\_\_\_\_  
 When camp begins, I will have been swimming for \_\_\_\_\_ months without a break.

I currently train:  
 \_\_\_\_\_ yards per day  
 \_\_\_\_\_ hours per practice  
 \_\_\_\_\_ practices per day  
 \_\_\_\_\_ days per week  
 \_\_\_\_\_ months per year

I would like to train:  
 \_\_\_\_\_ yards per day  
 \_\_\_\_\_ hours per practice  
 \_\_\_\_\_ practices per day  
 \_\_\_\_\_ days per week  
 \_\_\_\_\_ months per year

I am able to perform a set of 10 X 100-yard freestyles on \_\_\_\_: \_\_\_\_ (time interval). Please fill in the fastest time interval you are able to complete the above set and still get 10 – 15 seconds of rest after each 100.

Swimmer's Times (yards)

	Butterfly		Backstroke		Breaststroke		Freestyle		IM		
	Best	Goal	Best	Goal	Best	Goal	Best	Goal	Best	Goal	
50											
100											
200											
400/500											
1000											
1650											

# Informed Consent For Exercise Treatment



**Please attach a copy of your physical examination signed and dated by your physician. (see "Physicians Consent For Exercise Treatment" page)**

I desire to engage voluntarily in the prescribed exercise program in order to improve my swimming performance, stroke efficiency, cardiovascular, and muscular, strength and endurance. I enter this program with the approval and consent of my physician.

I understand that I must have a clinical evaluation. This evaluation will include a physical exam consisting of, but not limited to measurements of heart rate and blood pressure. An exercise stress test has also been recommended. The purpose of this evaluation is to detect any condition, which would indicate that I should not engage in this exercise program.

I agree to follow the exercise program prepared by Fluid Mechanics, Inc. The amount of exercise will be regulated on the basis of my tolerance for physical activity.

The activities in my exercise program are designed to place a gradually increasing workload on the body's cardiovascular and muscular systems. The reaction of these systems to these prescribed activities cannot be predicted with complete accuracy. There is a risk of certain changes occurring during or following the exercise. The changes include, but are not limited to abnormalities of blood pressure, or heart rate, or ineffective heart function and in rare instances, heart attacks or cardiac arrest.

Before beginning the program I will be instructed as to the signs and symptoms of overexertion and physical distress by my physician. If these occur during the course of my exercise program I understand that I should discontinue my activities and alert my physician and Fluid Mechanics, Inc. immediately.

I authorize the release of all test results and pertinent medical information to Fluid Mechanics, Inc. by my physician. In all other cases, my files will be completely confidential.

I have read the foregoing and I understand it. Any questions, which have arisen or occurred to me, have been answered to my satisfaction.

**REQUIRED**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Date)                      \_\_\_\_\_  
(Swimmer's Signature)                      \_\_\_\_\_  
(Print Name)                      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Date)                      \_\_\_\_\_  
(Parent/Guardian Signature)                      \_\_\_\_\_  
(Print Name)



## Photography Consent

I consent that Fluid Mechanics, Inc. may use, copyright, publish and republish at any time, for advertising or commercial purposes of trade, in any medium, any portraits, pictures, photographic prints, videotape, or other representations of me, with such alterations and additions as Fluid Mechanics, Inc. in it's discretion may make.

**REQUIRED**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Date)                      \_\_\_\_\_  
(Swimmer's Signature)                      \_\_\_\_\_  
(Print Name)                      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Date)                      \_\_\_\_\_  
(Parent/Guardian Signature)                      \_\_\_\_\_  
(Print Name)

# Medical Questionnaire

Swimmer's Name: \_\_\_\_\_  
 Primary Emergency Contact Person: \_\_\_\_\_ Relation: \_\_\_\_\_  
 Day: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Evening: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Mobile: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Secondary Emergency Contact Person: \_\_\_\_\_ Relation: \_\_\_\_\_  
 Day: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Evening: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Mobile: (\_\_\_\_) \_\_\_\_-\_\_\_\_

**REQUIRED** Please attach a copy (front & back) of your health insurance card.

Insurance carrier: \_\_\_\_\_ Group #: \_\_\_\_\_  
 Carrier Address: \_\_\_\_\_  
 Name of insured: \_\_\_\_\_ Policy #: \_\_\_\_\_

**REQUIRED** Please put an "X" in appropriate column for each question. Attach additional sheet for details or information not covered by questionnaire.

**Parent's to complete:**

<b>YES NO</b>	
<b>You must attach a copy of your physical examination signed and dated by your physician.</b>	
	1. Are you allergic to any food or medication? If yes, please list:
	2. Do you take any prescribed medication on a permanent or semi-permanent basis?
	3. Have you ever had an epileptic seizure?
	4. Have you ever been told by a doctor that you have:
	a) Epilepsy?
	b) Anemic?
	c) Sickle Cell Anemia?
	d) Asthma?
	e) Injured the cartilage or ligaments in your knee?
	5. Have you ever been treated for diabetes?
	6. Do you have, or have you ever had, the following diseases?
	a) High blood pressure
	b) Heart disease(heart murmur, rheumatic fever, other)
	c) Lung disease (pneumonia, other)
	d) Kidney disease (infections, other)
	e) Liver disease (mononucleosis, hepatitis, other)?
	f) Hernia or "rupture"?
	7. Have you been "knocked out" or become unconscious in the past three years?
	8. Have you had a concussion or other head injury in the past three years?
	9. Have you stayed overnight in a hospital due to a head injury?
	10. Have you ever had a neck injury involving bones, nerves, or disks that disabled you for a week or longer?
	11. Do you wear glasses or contacts during competition?
	12. Have you had a broken bone in the past two years? What bone? _____ right or left? _____ dates: _____
	13. Have you had shoulder injury in the past two years that disabled you for a week or longer (dislocation, separation, etc.)?

# Medical Questionnaire (continued)

Parent's to complete:

<b>YES</b>		<b>NO</b>	
		14. Have you ever had shoulder surgery?	
		15. Have you ever injured your back?	
		16. Do you wear any of the following dental appliances:	
		a) Permanent bridge	
		b) Braces	
		c) Removable retainer	
		d) Permanent retainer	
		e) Full plate	
		f) Removable partial plate	
		g) Permanent crown/jacket	
		17. Do you have back pain?	
		a) Seldom	
		b) Occasionally	
		c) Frequently	
		d) With vigorous exercise	
		e) With heavy lifting	
		18. Have you injured your knee in the past two years?	
		19. Have you ever had knee surgery?	
		20. Have you a severe ankle sprain in the past 2 years?	
		21. Do you have a pin, screw, or plate in your body?	
		22. Do you have any other conditions that we should be aware of (i.e., ulcers, pregnancy, food or insect allergies, tendonitis, etc.)	
<input checked="" type="checkbox"/> <b>REQUIRED</b>		23. Please give the dates of your last tetanus and polio shots: Tetanus: ____/____/____ Polio: ____/____/____	
		Please list corresponding number to any of the above questions answered "YES", and explain the following information completely pertaining to the illness, disease, or injury (Please use back of form or attach additional sheets if needed):	
		a) describe occurrence in detail	
		b) circumstances under which it occurred	
		c) date of occurrence	
		d) treatment received	
		e) any continued treatment	
		f) which side of the body (right/left)	
		g) current status of illness, disease, or injury	

The questions on all of the above forms have been answered completely and truthfully to the best of my knowledge.

I understand that if physical conditions, medical or prescription information is not disclosed, for any reason, Fluid Mechanics, Inc. and its members, employees, consultants, contractors, affiliated organizations, offices, coaches, managers, or sponsors shall not be held responsible for administering what is considered appropriate medical treatment or for the level of care being provided.

**REQUIRED**

\_\_\_\_/\_\_\_\_/\_\_\_\_

(Date)

\_\_\_\_\_

(Swimmer's Signature)

\_\_\_\_\_

(Print Name)

\_\_\_\_/\_\_\_\_/\_\_\_\_

(Date)

\_\_\_\_\_

(Parent/Guardian Signature)

\_\_\_\_\_

(Print Name)

# Informed Consent To Administer Medication

**Attention:** If this form is not signed Fluid Mechanics, Inc. will be unable to administer any medications to your child including Tylenol.

Dear Parent:

Should it be necessary for your child to receive medication during camp, Fluid Mechanics, Inc. requires specific instructions in writing. If your child takes ANY medication on a regular basis, excluding vitamins, please complete the following form:

\_\_\_\_\_ is being treated for \_\_\_\_\_.  
(Swimmer's Name)

Medication: \_\_\_\_\_ *Tylenol* \_\_\_\_\_ Dose: \_\_\_\_\_ *As needed* \_\_\_\_\_  
Special instructions: \_\_\_\_\_  
\_\_\_\_\_

Medication: \_\_\_\_\_ Dose: \_\_\_\_\_  
Special instructions: \_\_\_\_\_  
\_\_\_\_\_

Medication: \_\_\_\_\_ Dose: \_\_\_\_\_  
Special instructions: \_\_\_\_\_  
\_\_\_\_\_

The medication must be in its original container with the prescription label indicating the child's name.

*I authorize the Fluid Mechanics Staff to administer the above medications or non-prescription strength pain relievers.*

**REQUIRED** \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Parent/Guardian Signature) (Date)

Note: Should your child's circumstances regarding medication change prior to camp, we will have blank forms available at registration.

# Consent For Medical Treatment

Print Swimmer's Name: \_\_\_\_\_

**REQUIRED** Please sign Part I or Part II. This form must be signed by Parent/Guardian if under 18.

## **PART I**

As parent or legal guardian of the above named participant(s) or for myself, I hereby, give my consent for emergency care prescribed by a duly licensed doctor of medicine. This care may be given under whatever conditions are necessary to preserve life, limb or the well being of my dependent or myself.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Date)                      (Signature of Parent/Guardian/Self)                      (Print Name)

## **PART II**

With full knowledge and understanding of the statements in Part I, I do not wish to sign. I do not give my consent for emergency medical treatment of my child or myself. In the event of illness or injury requiring emergency treatment, I wish the authorities to take no action or to (be specific):

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Date)                      (Signature of Parent/Guardian/Self)                      (Print Name)

## Liability Waiver

I hereby acknowledge that participation in Fluid Mechanics, Inc. programs have certain inherent risks, including, but not limited to: back injury, broken limbs, concussion, muscular strains, etc.

Notwithstanding these and with full knowledge and understanding of these inherent risks, I desire myself or my child/children **(print name(s))**: \_\_\_\_\_ to participate in the activity/activities involved in Fluid Mechanics, Inc. swimming camps and clinics.

I, the undersigned, for myself as guardian of the above named minor(s) do for ourselves, executors, administrators, heirs, agree to enroll myself, my child/children, abide by the rules of Fluid Mechanics, Inc. and its members, (hereafter known as Fluid Mechanics, Inc.) and its employees, contractors, affiliated organizations, and indemnify and hold harmless, Fluid Mechanics, Inc. its employees, consultants, contractors, and affiliated organizations, offices, coaches, managers, or sponsors for any claims that might be asserted by me on behalf of myself or my child as a participant in Fluid Mechanics, Inc. programs.

**REQUIRED**                      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Date)                      (Signature of Parent/Guardian/Self)                      (Print Name)

# Swim Camp Cancellation and Rescheduling Policies

Upon receipt of your order, our facilities and Certified Consultants are scheduled and guaranteed payment for their time by Fluid Mechanics, Inc. Therefore, the following cancellation policy has been created.

## Residential Camps:

All Residential Camp orders are subject to a \$250 non-refundable fee. Cancellations made before May 1st will receive a refund less the \$250 fee. Cancellations made before May 15th will receive a refund less a \$400 fee.

No refunds will be given for any reason after May 15th. Failure to attend or early departure from camp will result in forfeiture of all monies paid including funds for any additional programs. Upon default of payment of this agreement, the client is liable for all legal fees, collection fees, and any other costs involved to satisfy the terms of this transaction. Default includes and is not limited to chargebacks requested and granted, stop payment of checks, bounced checks and failure to provide proper funding.

All credits will remain on account for one year from the date issued.

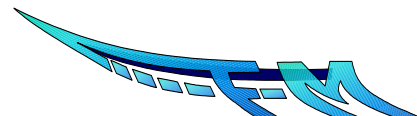
## Transferable:

All Fluid Mechanics services are transferable. If a swimmer is unable to attend an event, they may choose to assign another swimmer in their place. Any negotiations regarding payment shall take place between the swimmers and their families. Fluid Mechanics assumes no liability for credits for transferred events.<sup>1</sup>

I hereby certify that I have read and understand and agree to comply with all literature contained in the Camper Information Packet including but not limited to this cancellation policy.

**REQUIRED**

\_\_\_\_\_ /\_/\_/\_\_\_\_\_  
Signature Date



***Fluid Mechanics, Inc.***

PO Box 20862

Lehigh Valley, PA 18002

Phone (610) 837-9999 Fax (610) 837-2668

e-mail: [swim@fluidmechanics.net](mailto:swim@fluidmechanics.net)

website: [www.fluidmechanics.net](http://www.fluidmechanics.net)

<sup>1</sup> Cancellation policy as of 1/27/2007

# Physicians Consent For Exercise Treatment

REQUIRED

All forms must be returned by April 1. This page is an exception and may be unattached and returned by June 10.

**Either:** Provide copy of the participant's most recent physical examination.  
(Valid physical examinations must be dated no more than 12 months prior to the first day of camp.)

**Or:** Have your doctor sign and return this form.

## Physician's Examination of Physical Condition of Camper

(Your physician's signature on this form or a copy of the participant's most recent physical examination must be included. Valid physical examinations must be dated no more than 12 months prior to the first day of camp.)

As the medical physician of the above named participant, I hereby acknowledge that I have read the above information in its entirety and that the above named participant is physically fit to attend and participate in Fluid Mechanics Summer Swim Camp. I also acknowledge that this examination was performed within the past 12 months. A copy of which is attached. I certify that this physical was satisfactory and no limitations were placed on the above named participant. I further acknowledge that the above named participant is current on all vaccinations and has not been diagnosed with any communicable disease.

REQUIRED

\_\_\_\_/\_\_\_\_/\_\_\_\_  
(Date)

\_\_\_\_\_  
(Physician Signature)

\_\_\_\_\_  
(Print Name of Physician)



### **Fluid Mechanics, Inc.**

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