



## Masters Swim Program Information and Registration

Name:	Date:	
Address:		
City:	State:	Zip code:
E-mail:	Phone (day):	

Where : Valley of the Sun Jewish Community Center (VOS JCC)  
12701 N. Scottsdale Road, Scottsdale, 85254.  
You must have a photo ID to enter the JCC.

When: Monday, Wednesday and Friday from noon to 1pm

Fees: \$7.00 drop-in fee  
\$50.00 monthly fee  
Monthly fees are due at the beginning of the month for the calendar month.  
Checks are made payable to Camelback Coaching.

Questions: Office: (480) 998-3028  
Mobile: (480) 363-3867  
Email: [anne@camelbackcoaching.com](mailto:anne@camelbackcoaching.com)

**Waiver:** By my signature below, I hereby recognize and acknowledge that Camelback Coaching, LLC ("Camelback") and all of its employees, representatives, associates, volunteers, members, and officials do not carry any special health and/or hospital insurance that would sustain/cover any accidental injury while participating in any of Camelback's training programs and/or activities. I acknowledge that sports training and racing are an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. I hereby assume all risks and possible costs associated with participating in the training and other activities recommended by Camelback, and further, I do for myself, my heirs, and personal representatives hereby defend, hold-harmless, indemnify, release and forever discharge all of Camelback's officer, agents, and employees from and against any and all claims, demands, and actions, or causes of action, on account of damage to personal property, personal injury, or death which may result from my participation, and which result from causes beyond the control of, and with or without fault or with or without negligence of Camelback, its officers, agents, or employees, during the period of my participation as aforesaid. I certify that I am sufficiently physically healthy for participation in this program and have not been advised against participation by a qualified health professional. I acknowledge and accept the risks associated with rigorous physical training. I waive, release and discharge from any and all claims on losses or liabilities of death, personal injury, partial or permanent disability, property damage, medical or hospital bills, theft, or damage of any kind, including economic loss, which may in the future arise out of or related to my participation in this training program. By signing below, I hereby acknowledge that I have carefully read and understand completely the above waiver.

Your Signature below denotes that you have read, understood without question whatsoever and agree to the above waiver.

Signature: \_\_\_\_\_ Date \_\_\_\_\_