

Multisport Camp Swim Form



Please return completed form to Koa Sports via:

Email: jess@koasports.org (preferred)

Mail: 4960 Boiling Brook Parkway, Rockville, MD 20852

Please provide the information requested below. The information is required pursuant to Section .52A.(4)(b) of the Code of Maryland Regulations (COMAR).

Please note: campers will not be allowed to participate in the swim portion of camp if this form is not on file with Koa Sports by the first day of the camp session.

I, _____, parent/guardian for my camper, _____, hereby give permission for said camper to participate in the swimming portion at Koa Sports Multisport Camp 2018 for 1 hour Monday-Thursday. I acknowledge that there will be a lifeguard on duty, plus Senior Counselors present during swim time.

Date: _____

OR

I, _____, parent/guardian for my camper, _____, **do not** give my child permission to participate in the swimming portion of Koa Sports Summer Camp 2018.

Date: _____

SESSIONS ATTENDING (Circle all that apply):

Session 1: June 18-22

Session 4: July 16-20

Session 7: Aug 6-10

Session 2: June 25-29

Session 5: July 23-27

Session 8: Aug 13-17

Session 3: July 9-13

Session 6: July 30-Aug 3

Session 9: Aug 20-27

Session 10: Aug 27-31



QUESTIONS? Email jess@koasports.org or Call (301) 229-7529 (PLAY)