

2017
ST. CHARLES SUMMER SWIM LESSONS
ST. CHARLES NORTH HIGH SCHOOL
 Robert Rooney Head Swimming Coach
 Robert.rooney@d303.org
 331-228-6375

COMMUNITY UNIT SCHOOL DISTRICT 303

EMERGENCY MEDICAL INFORMATION

The following information is furnished so that my son/daughter may receive proper care in the event of an injury:

Student Name: _____ Birth Date: _____

Email address: _____

Guardian/Parent _____

Address: _____

Home Phone: _____ Cell: _____

Family Physician: _____ Phone _____

Please list
 Medical conditions _____

Medications taken and why _____

Allergies _____

Please Note: There will not be a nurse on campus for Summer Athletics. Medications will not be administered during Summer Athletics hours.

Emergency Contact (if parents cannot be reached):

Name: _____

Home Phone: _____ Cell: _____ Work: _____

Insurance Coverage/Medical Release

I realize that my son/daughter must be covered by our family accident/health insurance coverage for all treatment expenses. I/we give permission for the above named student to participate in organized activities, realizing that such activity involves the potential for injury which is inherent in all sports.

Parent Signature _____ Date: _____

Student Signature _____ Date: _____

Concussion Protocol:

I agree to abide by all conduct rules and will behave in a sportsman like manner. I agree to follow the coaches' instructions, playing techniques, and training schedule as well as all safety rules. I understand that Board policy 7:305, Student Athlete Concussions and Head Injuries, requires, among other things, that a student-athlete who exhibits signs, symptoms, or behaviors consistent with a concussion or head injury must be removed from practice or competition at that time and that the student will not be allowed to return to play or practice until he or she has successfully completed return-to-play and return-to-learn protocols, including having been cleared to return by the treating physician licensed to practice in all its branches or a certified athletic trainer under the supervision of a physician.

Parent Signature _____ Date: _____

**Online Check, Credit Card and Debit Card
 Registration at <https://store.d303.org>
 District 303 Pushcoin Web Store**

Contact Coach Rooney with any questions.

Class Information for all Sessions—(All ages & levels each hour)
\$42 per class per week (Monday—Friday each week)

Class 1	10:00 am	10:30 am
Class 2	10:40 am	11:10 am
Class 3	11:20 am	11:50 pm
Class 4	12:00 pm	12:30 pm
Class 5	12:40 pm	1:10 pm
Class 6	1:20 pm	1:50 pm
Advance camp (when offered)	1:20 pm	2:30 pm (\$50 per week)

<u>Session 1— June 12—June 16</u>	
Class 1 _____	Class 4 _____
Class 2 _____	Class 5 _____
Class 3 _____	Class 6 _____
<u>Session 2—June 19—June 23</u>	
Class 1 _____	Class 4 _____
Class 2 _____	Class 5 _____
Class 3 _____	Class 6 _____
<u>Session 3—June 26—June 30</u>	
Class 1 _____	Class 4 _____
Class 2 _____	Class 5 _____
Class 3 _____	Class 6 _____
<u>Session 4— July 10—July 14</u>	
Class 1 _____	Class 4 _____
Class 2 _____	Class 5 _____
Class 3 _____	Advance _____
<u>Session 5—July 17—July 21</u>	
Class 1 _____	Class 4 _____
Class 2 _____	Class 5 _____
Class 3 _____	Advance _____

Special Holiday Week Session (\$35)
 Wednesday July 5—Saturday July 8

Class 1 _____
Class 2 _____
Class 3 _____

Total \$ _____



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