



Multisport Camp Swim Form

Please return completed form to Koa Sports via:

Email: nickt@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 2019 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 2019.

Date: _____

SESSIONS ATTENDING (Circle all that apply):

Session 1: June 17-21

Session 4: July 15-19

Session 7: Aug 5-9

Session 2: June 24-28

Session 5: July 22-26

Session 8: Aug 12-16

Session 3: July 8-12

Session 6: July 29-Aug 2

Session 9: Aug 19-23

Session 10: Aug 26-30



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