

Pine Crest Boca's 2008 "Rising Star" Swimming & Diving Day Camp



June 2nd to July 25th

9:00 a.m. to 3:00 p.m.

Registration Form



2700 St. Andrews Blvd. • Boca Raton, FL 33434 • Ph: 561-852-2825 • Fax 561-852-2832 • Eddie.Wolling@pinecrest.edu

Please **PRINT** using blue or black ink.

Camper's Last Name: _____ First Name: _____

Date of Birth: _____ Age as of June 4, 2008: _____ Male Female

Parent/Guardian's Name: _____ Home Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Emergency Phone: _____ Cellular/Pager: _____

Grade entering in Sept. 2008 _____ School Attending in Sept. 2008: _____

Please mark the appropriate box(es) below for week(s) and add-ons.

| | | Week 1 6/2/08 | Week 2 6/9/08 | Week 3 6/16/08 | Week 4 6/23/08 | Week 5 6/30/08 | Week 6 7/7/08 | Week 7 7/14/08 | Week 8 7/21/08 |
|-----------------------|----------------|--------------------------|---|--|--|---|--|--------------------------|--------------------------|
| Rising Star Swim Camp | \$350 per week | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Camp T-Shirts | | | Youth Medium <input type="checkbox"/> | Youth Large <input type="checkbox"/> | Adult Small <input type="checkbox"/> | Adult Medium <input type="checkbox"/> | Adult Large <input type="checkbox"/> | | |

Please continue on second page.

Parent/Guardian Information

Who will the camper live with during the summer? Parents Mother Father Other: _____

Who has legal custody of the camper? _____

If parental custody issues may be raised, please attach a copy of the appropriate legal papers.

Other than parents/legal guardians, please provide additional names of person(s) permitted to pick up your camper(s).

Name: _____ Relationship to Camper _____ Phone # (Home/Cellular) _____

Father/Guardian's Information (if different from front page)

Mr./Dr.

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

Email address: _____ Cellular/Pager: _____

Mother/Guardian's Information (if different from front page)

Mrs./Ms./Miss/Dr.

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

Email address: _____ Cellular/Pager: _____

Method of Payment: (Please PRINT) and complete if address is different than above

Billing address for person(s) responsible for payment of fees: _____ Pine Crest Employee

Last Name: _____ First Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Pay Deposit now (\$150) and remaining balance by required due date.

Cash Check Charge Pine Crest Billing

Pay the full amount now.

Cash Check Charge Pine Crest Billing

Type of Card:

Visa MasterCard Exp. Date: _____/_____/_____

Charge Card #: _____

Cardholder's Name: _____

(Please print exactly as it appears on the card)

Cardholder's Signature: _____

For Office Use Only

| Date | Amount | Check#/PM |
|------|--------|-----------|
| | | |
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Please return this completed form along with a completed waiver/release and medical form to:

**Pine Crest Swimming
2700 St. Andrews Blvd., Boca Raton, FL 33434**