

# Pine Crest Fort Lauderdale's 2008 "Rising Star" Swimming & Diving Day Camp



June 2<sup>nd</sup> to July 25<sup>th</sup>

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

Registration Form



1501 NE 62<sup>nd</sup> Street • Fort Lauderdale, FL 33334 • Ph: 954-492-4173 • Fax 954-492-4169 • [swimming@pinecrest.edu](mailto:swimming@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) \_\_\_\_\_

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### 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

**Please return this completed form along with a completed waiver/release and medical form to:**

**Pine Crest Swimming  
1501 NE 62<sup>nd</sup> Street, Fort Lauderdale, FL 33334**