



Competitive Swimming Programs

Group placement and advancement is solely at the discretion of Pine Crest's Instructors

SENIOR GROUP - Advanced training for experienced swimmers aged 14 and older .

Training focuses on competing and achieving at the national level.

School Year Schedule: Monday to Friday afternoons from 4:00 p.m. to 6:00 p.m.;

Saturday morning (time varies); Monday, Wednesday and Friday mornings 6:15 to 7:45.

Cost: \$130 per month plus \$85 in yearly registration fees.

AGE GROUPS - More advanced groups that continue stroke and technique development along with fitness development. Swimmers are encouraged to attend meets. Group assignments are made based on experience and ability.

School Year Schedule: M-F from 4:00 to 5:30 (White Group) or 4:00 to 6:00 plus Sat.

(Green Group only). Cost: \$100 per month plus \$85 in yearly registration fees.

NOVICE GROUP - Open to ages 6 and older. This group introduces swimmers to competitive swimming in a fun, active environment.

Students focus primarily on learning their strokes and technique in preparation for their first competitive swim meets.

School Year Schedule: Practices available Monday through Thursday from 4:00 to 5:00. Cost: \$90 per month.

WE DO NOT PRO RATE ANY MONTH.

*** Age Group & Senior Groups pay an \$85 yearly registration fee, which includes the yearly \$55 USS registration fee and \$30 club fee.**

PINE CREST SWIMMING

Swim Team Sign Up Form

Register: All swimming team registrants must complete 1) the Personal Information Form; and 2) the Indemnity/Waiver Form

Refunds: *We do not offer credits, refunds, or make-ups for missed classes.*

Prorates: We do not prorate any month or portion thereof.

For Office Use Only	
First Month's Dues:	_____
Team Registration Fee:	___\$30___
USA-S Reg. Fee:	___\$55___
Total Due:	_____
Check _____	PC Billing _____

PERSONAL INFORMATION FORM (PAGE 1)

Child's Name _____ Middle Initial: _____ DOB: (MM/DD/YEAR) _____

Address: _____

City, St., Zip _____

Home Phone: _____

Parent #1 Name: _____ Parent #2 Name: _____

P#1 Cell Phone: _____ P#2 Cell Phone: _____

P#1 Work Phone: _____ P#2 Work Phone: _____

P#1 Email: _____ P#2 Email: _____

MEDICAL INFO: In the space provided, list any pertinent health or medical information and instructions or special problems (allergies, drug allergies, asthma, prescriptions, etc.)

Aside from yourselves (the parents of the Swimmer), please indicate (in order) those individuals that you would like the coaches to contact should there be an emergency involving your child.

Swimmer's Doctor: _____ Phone: _____

Swimmer's Dentist: _____ Phone: _____

Insurance Co Name: _____ Policy Holder: _____

Subscriber ID: _____ Group #: _____

Insurance Co Phone: _____

Preferred Local Hospital: _____

**** Be sure complete Indemnity Waiver Form (attached)****

**PINE CREST SWIMMING
RELEASE, INDEMNITY, FINANCIAL RESPONSIBILITY, AND AUTHORIZATION**

Print Swimmers Name _____

I understand that all possible precautions are taken to ensure that the program and activities in the Pine Crest Swim Team are conducted in a safe and responsible manner. I further understand that because of the nature of the activities within the program in which I am enrolling my child, regardless of the high degree of supervision, there is a potential for injury during any activity. I recognize these risks and allow my child to participate in all activities offered in the program in which I am enrolling my child. I agree on behalf of my child and myself to assume the risks associated with all activities which occur at the Pine Crest Swim Team. I hereby release and agree to hold harmless Pine Crest Preparatory School, Inc., its officers, trustees, directors, employees, and agents from, and hereby waive any claim, as to any injury or other harm that may occur to my child while attending this program, or any injury or harm that may occur to me as a result of injury or harm suffered by my child. This release and indemnity agreement specifically includes but is not limited to (a) any claim of negligence or negligent supervision against Pine Crest School, its officers, trustees, directors, employees, and agents; (b) any injury or harm that may occur while a child is riding in a vehicle owned or operated by Pine Crest Preparatory School, Inc.; and (c) any injury or harm that may occur while my child is otherwise on the Pine Crest School property, before or after any of the scheduled program hours for any reason whatsoever.

I am responsible for payment of all fees in accordance with the selections I have made and the dates that these payments are due. In cases where more than one party will be sharing the expenses of the fees, each party who signs the application hereby agrees to be responsible for ALL such fees on or before the assigned due dates.

All rules, guidelines, policies, and procedures published in the Pine Crest School student handbook apply to the Swim Team. I understand that I will not be issued a refund if my child is suspended or dismissed due to disciplinary action. I also understand that Pine Crest Swim Team has a no refund policy regarding all deposits and fees. Once reservations are made and fees are paid, I realize that they are non-refundable and make-up days are unavailable. I further understand that refunds will not be issued in the event of a hurricane or tropical storm event or while storm-related repairs are made to the campus.

Pine Crest Swim Team is hereby granted permission to use any individual or group photographs taken during the program showing my child for publicity or brochure purposes.

THE SIGNATURES OF BOTH PARENTS ARE REQUIRED BELOW:

Parent Signature	Date	Parent Signature	Date
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**PINE CREST SCHOOL
Swim Team
MANDATORY HEALTH FORM**

This page must be completed by a Physician

Physician's Authorization for Medication Treatment

NAME _____

- List any allergies, diagnosis, or emergency precautions that we should anticipate for this individual (allergy triggers, diabetic reactions, etc.). _____
- List all medications that are currently prescribed for this individual. Include inhalers, EpiPens, etc.

- Note which medications will be brought, stored, and administered at camp. _____
- Does our nurse have your permission to administer these medications?
 Yes No
- There are no extraordinary emergency medical services available at Pine Crest. Since only CPR and general first aid are available until emergency help arrives (911), is this adequate for this individual's survival here at this program?
 Yes No, Please Specify _____

Our infirmary is stocked only with basics.
Physician, please scratch out items we are NOT permitted to administer.

MEDICATION	DOSAGE	FREQUENCY	TIMES	INSTRUCTIONS
Tylenol	p.o	p.r.n.		Headaches
Advil	p.o	p.r.n.		Muscular-skeletal pain
Tums/Antacid	p.o	p.r.n.		Upset stomach
Benadryl	p.o	p.r.n.		Anaphylactic reaction only
Antibiotic ointment	topical	p.r.n.		Abrasions
Benadryl Cream	topical	p.r.n.		itching/bug bites
Hydrocortisone Cream 1%	topical	p.r.n.		Contact dermatitis
Cough Drops/ throat lozenges	p.o.	p.r.n.		Cough or sore throat

Physician's Signature: _____

Physician's Name (please print): _____

Office Phone: _____ **Office Fax:** _____

**Physician - Please complete and sign this form.
Return it to the parents of the student.**