

Pine Crest Fort Lauderdale's 2010 "Rising Star" Swimming & Diving Day Camp



June 7th to July 30th

9:30 a.m. to 3:00 p.m.

Registration Form



1501 NE 62nd Street. • Fort Lauderdale, FL 33334 • Ph: 954-492-4173 • Fax 954-492-4169 • swimming@pinecrest.edu

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

Camper's Last Name: _____ First Name: _____

Date of Birth: _____ Age as of June 4, 2009: _____ Male Female

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

Address: _____

City: _____ State: _____ Zip: _____

Daytime Emergency Phone: _____ Cellular/Pager: _____

Grade entering in Sept. 2009 _____ School Attending in Sept. 2009: _____

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

	\$350 per week	Week 1 6/7/09	Week 2 6/14/09	Week 3 6/21/09	Week 4 6/28/09	Week 5 7/5/09	Week 6 7/12/09	Week 7 7/19/09	Week 8 7/26/09
Rising Star Swim Camp		<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	Please circle size	Youth Medium	Youth Large	Adult Small	Adult Medium	Adult Large			

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

Please return this completed form along with a completed waiver/release and medical form to:
Pine Crest Swimming
1501 NE 62nd Street, Fort Lauderdale, FL 33334

Swim Camp 2010
Registration & Permission Form



Student's name _____ Grade in Fall 2010 _____

Parent(s)' name _____ Home phone _____

Address _____ City _____ Zip _____

Daytime/Emergency phone(s) _____

Parent(s)' email address _____

Pine Crest student? Yes No If no, school for Fall 2010 _____

✓ RELEASE, INDEMNITY, FINANCIAL RESPONSIBILITY, AND AUTHORIZATION

I understand that all possible precautions are taken to ensure that the program and activities in the Pine Crest Swim Camp 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 Camp. 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 Camp. 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 Camp 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 Camp is hereby granted permission to use any individual or group photographs taken during the program showing my child for publicity or brochure purposes.

I hereby release and hold harmless Pine Crest Preparatory School, the Swim Camp, its officers, trustees, directors, employees, and agents from any responsibility for any lost, stolen, or damaged personal property that my child brings to the program.

✓ THE SIGNATURES OF BOTH PARENTS ARE REQUIRED BELOW:

Parent Signature

Date

Parent Signature

Date

✓ **IMPORTANT:** Pine Crest students must have a medical form on file in the Infirmary. Students who do not attend Pine Crest **MUST** complete and return the **Medical Form** by **June 1**. The medical form is available by calling 954-492-4173.

✓ Additional forms are available for download at: www.pinecrestswimming.com or www.pinecrest.edu/summer/fort_lauderdale

✓ This completed and signed form **MUST** be received by the Swim Camp in order for your child to begin to attend Camp.

✓ Please return this completed form to:

Swim Camp
Pine Crest School
1501 NE. 62nd Street
Fort Lauderdale, FL 33334

PINE CREST SWIM CAMP MANDATORY HEALTH FORM

This page to be completed by parent or guardian

Please help us care for you child properly. Carefully list any background information concerning your child's personality, medical problems, surgical background, allergies, medication being taken at home or on campus. We do NOT require a physical exam, so please be as complete as possible. This information will be filed with the Nurse. Use a ball point pen and please print.

NAME _____

Non-swimmer Beginning swimmer Swimmer

- Please list any medical conditions or concerns that we should be made aware of (recent surgeries, allergies, etc.)

- Medications taken at home or during the school year: _____

read carefully	MEDICATION	**read carefully**
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*By law, we are unable to administer ANY medicines or over-the-counter comfort remedies (Tylenol, Tums, cough drops, etc.) without the authority of a physician. If your child needs to receive his/her prescription medicine during program hours, they must arrive in a pharmacist's container, where the label clearly states the individual's name, the name of the medicine, the dosage, and the frequency of the dose, We will happily provide name-brand over-the-counter comfort remedies for your child if the Physician Authorization Form is complete.
Without the Physician Authorization Form (on reverse side), we can not administer, store, or even supervise your child's medical needs.*

LOCAL EMERGENCY PHONE NUMBERS	Numbers will be dialed in the order below:
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Parent/Guardian	Home	Work	Cell
Parent/Guardian	Home	Work	Cell
Other (state relationship)	Home	Work	Cell
Other (state relationship)	Home	Work	Cell

PERSONAL PHYSICIAN AND DENTIST

Name of Physician	Office Phone
Name of Dentist	Office Phone
Name of Insurance Carrier	Policy Number

PINE CREST SCHOOL SWIM CAMP 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.**