



PINE CREST SWIM CAMP

JUNE 13th to JULY 31st, 2010

www.pinecrestswimming.com

Jay Fitzgerald,
Camp Director

Pine Crest School
1501 N.E. 62nd Street
Ft. Lauderdale, Florida
33334-5116
(954) 492-4173

APPLICATION FOR ACCEPTANCE – 2010

CAMPER ARRIVAL DATE _____

TO BE FILLED OUT BY PARENT/GUARDIAN

NECESSARY FORMS
MEDICAL INFORMATION
TRAVEL INFORMATION
HEALTH INSURANCE
PAYMENT INFORMATION

Competitive Overnight Camp Competitive Day Camp

Camper's Last Name _____ First _____ MI _____

Address _____ City _____ State _____ Zip _____

Phone () _____ Country _____

Camper's e-mail address: _____

Male Female

Age June 2010 _____

Father's Name _____ Day or cell phone () _____

Grade Completed _____

Address if different from campers _____ Home number () _____

June 2010 _____

Father's e-mail address: _____

Date of Birth _____

Mother's Name _____ Day or cell phone () _____

Size of Shirt _____

Address if different from campers _____ Home number () _____

Mother's e-mail address: _____

Parent's Marital Status _____

If Divorced, who has custody of child? _____

Tuition to be paid by: _____

Send Camper Account refunds to: _____

SESSIONS

Campers may attend for any number of weeks during the 7 weeks of camp. We recommend at least a two-week minimum stay. If campers wish to extend their contracted time whilst in camp, the Directors will fill requests on space available.

DATES FOR 2010

ALL OVERNIGHT CAMP SESSIONS START ON A SUNDAY AND END ON A SATURDAY. ALL DAY CAMP SESSIONS START ON A MONDAY AND END ON A FRIDAY.

Camp Dates: June 13th to July 31st

	OVERNIGHT CAMP	COMPETITIVE/RISING STAR DAY CAMP
Session 1	June 13 to June 19	June 14 to June 18
Session 2	June 20 to June 26	June 21 to June 25
Session 3	June 27 to July 3	June 28 to July 2
Session 4	July 4 to July 10	July 5 to July 9
Session 5	July 11 to July 17	July 12 to July 16
Session 6	July 18 to July 24	July 19 to July 23
Session 7	July 25 to July 31	July 26 to July 30

All sessions are seven days a week with activities and supervision over the weekend.

Fees include all regular program activities, transportation to and from airports.

Please pay fees by May 1. Registration applications received after May 1 are \$150. Registration fees are not part of camp dues and are an additional fee.

Pine Crest School has an open application policy of non-discrimination on the basis of race, religion, ethnic origin and sex in all its programs and employment.

Enclosed is a check for \$100.00 registration, payable to Pine Crest Swim Camp. I agree to pay the balance 10 days before session signup. This registration fee is not refundable. I understand that there is no refund of camp tuition for late arrival or early departure from camp, or if my son/daughter is dismissed from camp due to disciplinary action.

Pine Crest Swim Camp is hereby granted permission to use any individual or group photograph's taken at camp showing your child or children in camp activities for publicity and brochure purposes.

I have read the accompanying information sheet and understand the policies as stated.

Parent or Guardian _____ Date _____
Signature

Check how you heard of Pine Crest Swim Camp?:

Friend Swimming World Splash Website Previous camper Postcard

Has the child been away from home before?: _____ What are his/her hobbies or talents?: _____

Additional comments: _____

Room Requests (All parties must request each other for the request to be granted): _____

DUES (Please check one box in each column that applies to you)				
WEEKS	OVERNIGHT CAMP \$	COMPETITIVE DAY CAMP \$	CAMPER ESCROW OVERNIGHT \$	CAMPER ESCROW DAY CAMP \$
1 week	<input type="checkbox"/> 675	<input type="checkbox"/> 475	<input type="checkbox"/> 200	<input type="checkbox"/> 150
2 weeks	<input type="checkbox"/> 1350	<input type="checkbox"/> 950	<input type="checkbox"/> 350	<input type="checkbox"/> 150
3 weeks	<input type="checkbox"/> 2025	<input type="checkbox"/> 1425	<input type="checkbox"/> 450	<input type="checkbox"/> 200
4 weeks	<input type="checkbox"/> 2700	<input type="checkbox"/> 1900	<input type="checkbox"/> 450	<input type="checkbox"/> 200
5 weeks	<input type="checkbox"/> 3375	<input type="checkbox"/> 2375	<input type="checkbox"/> 550	<input type="checkbox"/> 250
6 weeks	<input type="checkbox"/> 4050	<input type="checkbox"/> 2850	<input type="checkbox"/> 550	<input type="checkbox"/> 300
7 weeks	<input type="checkbox"/> 4725	<input type="checkbox"/> 3325	<input type="checkbox"/> 550	<input type="checkbox"/> 350

PRIVATE STROKE LESSONS

There are two types of Private lessons available to campers, the standard Private lesson is five 30-minute sessions of one on one with an instructor. The DVD lesson is where the swimmer is filmed before their five one on one private lessons and a personal DVD is produced of the swimmer where stop and slow motion are used to examine the swimmers stroke and technique.

PRIVATE LESSON PRICES

 (Please check at least one box below)

Standard Private Coaching: \$225 (includes five 30-minutes sessions) Stroke No of lessons

Video Coaching: \$275 (includes the personalized DVD and five 30-minute sessions) DVD No of lessons

None

*In order to schedule a DVD lesson, it is important that the camper arrive before 2pm on the Sunday of their camp week.

REGISTRATION FEES

 (Please check at least one box below)

Registered before May 1st 2010, Cost \$100 Registered after May 1st 2010, Cost \$150

All camp payments must be paid prior to camp arrival.

CALCULATION BOX

 (Please add your dues together below)

_____ + _____ + _____ + _____
 Dues Escrow Private Coaching Registration

TOTAL CAMPER COST = _____

CREDIT CARD INFORMATION: Credit Card Type _____ Credit Card # _____

Signature _____ Exp. Date _____

TRAVEL INFORMATION: Please return this form at least 2 weeks prior to arrival to Pine Crest Swim Camp, 1501 N.E. 62nd Street, Ft. Lauderdale, Florida, 33334-5116 or FAX to (954) 492-4169. Every effort should be made to arrange arrival between 9:00 am and 3:00 pm on Sunday, and departures between 9:00 am and 3:00 pm on Saturday.

Camper _____
 First Name Last Name

Phone number of parents during camper's time of travel (_____) _____

BY CAR: _____
 Arrival Date (Always Sunday) Time Departure Date (Always Saturday) Time

BY PLANE:

Camp Arrival Date: Sunday, _____ **Arrival Airline:** _____

Arrival Flight Number: _____ **Arrival Time at Destination:** _____ AM or PM

Arrival Airport: FTL MIA WPB **Check here if you will be clearing US Customs in FTL or MIA**

Camp Departure Date: Saturday, _____ **Departure Airline:** _____

Departure Flight Number: _____ **Departure Time at Destination:** _____ AM or PM

Departure Airport: FTL MIA* WPB* ***Add \$75 pick-up fee.**

*Will camper be signed over to the airline? Yes No (only if 12 and under)

I understand it is my responsibility to provide my son/daughter travel info 3 weeks prior to camp arrival.

Medical Information, Emergency Release and Medical Expenses

Please complete this form in its entirety. This information will be helpful in the unlikely event of an accident or sudden illness.

Camper's Name: _____

Parent's Names: _____

Home Phone: _____ Work Phone: _____ Cell: _____

1. In the space provided below, list any pertinent health or medical information and instructions or special problems (allergies, tetanus booster dates, drug allergies, asthma, prescriptions, etc.)

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

3. Camper's Doctor: _____ Phone: _____

4. Camper's Dentist: _____ Phone: _____

FOR EMERGENCY IF PARENTS OR GUARDIAN ARE UNAVAILABLE:

Name: _____ Phone: _____

Name: _____ Phone: _____

If, in the opinion of a properly licensed and practicing physician, my (son/daughter) needs medical or surgical services which require (my/our) authorization or consent before being supplied, (I/We) herby authorize, appoint, and empower Pine Crest Swim Camp, to act as (my/our) agent to furnish on (my/our) behalf such oral or written authorization as may be so required, and (I/we) release Pine Crest Preparatory School, Inc. and Pine Crest Swim Camp from any liability which may arise from the giving by it of such authorization; it being (my/our) desire that (my/our) (son/daughter) be furnished with such medical or surgical services as soon as reasonably possible after the need arises.

Date: _____ Signed by Parent or Legal Guardian

X _____

X _____

The physician in our area will not accept insurance assignments unless you are a regular patient. The only method of payment that is universally accepted will be credit cards: Master Card or Visa. The authorization found below will enable camp staff to insure quick medical attention when needed. Your credit card receipt and actual medical bills will be sent to you. At that time, you may submit the bills to your insurance carrier for reimbursement. This medical authorization will be used only for medical expenses. Please complete the authorization form below and return to the Pine Crest Swim Camp office to complete application.

CREDIT CARD AUTHORIZATION FORM (MEDICAL EXPENSES ONLY)

I hereby authorize Pine Crest Swim Camp to apply the following charges to my credit card:

Master Card Visa Account Number: _____ Exp Date: _____

Name as it appears on above card: _____

Signature: _____ Date: _____

Health Insurance Information Sheet

Every Camper Must Have This Form on File

Private insurance information must be provided, if applicable. If a camper does not have private health insurance, please be advised that, should a camper require medical attention, **you are responsible for paying any cost not covered by insurance.**

Camper Name _____ Camper SS number _____

Camper's Address _____
Street City State Zip

Camper's Phone Number _____ Date of Birth _____

Insurance Company Name _____ Effective Date _____

Address of Insurance Company _____

Phone Number of Insurance Company _____ Group # _____

Policy Holders Name _____ Policy # _____

Policy Holder's Address _____
Street City State Zip

Relationship to Camper _____

Name and Phone Number of Primary Care Physician:

I hereby authorize the release of any medical information which might be needed in connection with payment for medical services.

Parent Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

I request that payment under any medical insurance program be made directly to the provider on any bills for services rendered by that provider. I understand that I am financially responsible for fees not covered by this authorization.

Parent Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

**PLEASE ATTATCH A COPY OF YOUR INSURANCE CARD
(FRONT AND BACK) OR YOUR PAPERWORK IF OVERSEAS.**