



# PINE CREST DIVING CAMP

Overnight Camp: June 13-26th and July 11-17<sup>th</sup>, 2010  
 Competitive Day Camp: June 14-July 30th, 2010

[www.pinecrestswimming.com](http://www.pinecrestswimming.com)

APPLICATION FOR ACCEPTANCE – 2010  
 CAMPER ARRIVAL DATE \_\_\_\_\_

**TO BE FILLED OUT BY PARENT/GUARDIAN**  
**Please PRINT using blue or black ink.**

**NECESSARY FORMS**  
 MEDICAL INFORMATION  
 TRAVEL INFORMATION  
 HEALTH INSURANCE  
 PAYMENT INFORMATION

**1501 N.E. 62nd Street, Ft. Lauderdale, FL 33334-5116 954/492-4173**

Camper's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone ( ) \_\_\_\_\_ Country \_\_\_\_\_  
 Camper's e-mail address: \_\_\_\_\_  
 Father's Name: \_\_\_\_\_  
 Day or cell phone: ( ) \_\_\_\_\_ Home number: ( ) \_\_\_\_\_  
 Address if different from campers \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Father's e-mail address \_\_\_\_\_  
 Mother's Name \_\_\_\_\_  
 Day or cell phone: ( ) \_\_\_\_\_ Home number ( ) \_\_\_\_\_  
 Address if different from campers \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Mother's e-mail address \_\_\_\_\_  
 Parent's Marital Status \_\_\_\_\_  
 If divorced, who has custody of the child? \_\_\_\_\_  
 Tuition to be paid by: \_\_\_\_\_  
 Send Camper Account refunds to: \_\_\_\_\_

Male  Female   
 Age June 2010 \_\_\_\_\_  
 Grade Completed June 2010 \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Size of Shirt \_\_\_\_\_

Enclosed is a check for \$100.00 registration, payable to Pine Crest Dive 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 Dive 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 \_\_\_\_\_

Check how you heard of the Pine Crest Dive Camp  
 Friend  USA Diving  Website  Previous Camper

Has your child been away from home before? \_\_\_\_\_

What are his/her hobbies or talents? \_\_\_\_\_  
 Additional comments: \_\_\_\_\_

Roommate requests (All parties must request each other for the request to be granted): \_\_\_\_\_

**SESSIONS**  
 Competitive Day Camp is offered for seven sessions. Overnight Dive Camp will be available during three of the seven sessions. If Dive campers wish to extend their contracted time in camp, the Directors will fill requests on space available.

**DATES FOR 2010**  
 All overnight camp sessions start on Sunday and end on Saturday. All day camp sessions start on Monday and end on Friday.

Overnight Camp Dates: June 13th-26th & July 11th-17th	Competitive Day Camp Dates June 14th-July 30th
<b>OVERNIGHT CAMP</b>	<b>COMPETITIVE DAY CAMP</b>
Session 1 June 13-June 19	June 14-June 18
Session 2 June 20-June 26	June 21-June 25
Session 3	June 28-July 2
Session 4	July 5-July 9
Session 5 July 11-July 17	July 12-July 16
Session 6	July 19-July 23
Session 7	July 26-July 30

All Overnight Camp sessions are seven days a week with activities and supervision over the weekend. Dues include all regular program activities and transportation to and from the local Fort Lauderdale airport.

Please pay \$100 registration fee 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 nondiscrimination on the basis of race, religion, ethnic origin and sex in all its programs and employment.

**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	__\$675	__\$475	__ \$200	__ \$150
2 weeks	__\$1350	__\$950	__\$350	__\$150
3 weeks	__\$2025	__\$1425	__\$450	__\$200
4 weeks		__\$1900		__\$200
5 weeks		__\$2375		__\$250
6 weeks		__\$2850		__\$300
7 weeks		__\$3325		__\$350

**PRIVATE LESSONS**

There are two Private lesson options available to campers:

PRIVATE COACHING- the diver participates in up to five 30-minute sessions one-on-one with an instructor.

VIDEO COACHING- in addition to the one-on-one private lesson, the diver is videotaped during an intrasquad competition during the week and a personal DVD is produced of the diver with technique analysis and corrections related to the critical event video frames of takeoff, flight, and entry.

**PRIVATE LESSON PRICES** (Please check at least one box below) and fill in the number of lessons (1-5)

- Private Coaching \_\_\_ Number of lessons \$225 (five 30 min sessions @ \$45 ea)
- Video Coaching \_\_\_ Number of lessons \$275 (five 30 min sessions @ \$45 ea plus personalized DVD @ \$50)
- None

**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 Lessons Registration MIA/WPB airport A/D

TOTAL CAMPER COST = \_\_\_\_\_

**CREDIT CARD INFORMATION**

Credit Card Type \_\_\_\_\_ Credit Card # \_\_\_\_\_ Exp Date \_\_\_\_\_  
 Signature \_\_\_\_\_

**TRAVEL INFORMATION**

Please return this form at least 2 weeks prior to arrival to Pine Crest Dive Camp to:  
 Pine Crest Dive Camp, 1501 N.E. 62nd Street, Fort Lauderdale, FL 3334-5116 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:** Sunday \_\_\_\_\_ Departure Airline: \_\_\_\_\_  
 Departure Flight Number: \_\_\_\_\_ Departure Time at Destination: \_\_\_\_\_ AM or PM  
 Arrival Airport: FTL MIA\* WPB\* \*Add \$75 pick-up fee and drop-off fee.

\*Will camper be signed over to the airline?  Yes (only if 12 and under)  No  
 I understand it is my responsibility to provide my son/daughter travel info 2 weeks prior to camp arrival.

## 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.**

Participant accident insurance is a benefit of athlete membership in USA Diving. **Please write your USA Diving athlete member number in the space provided on your registration form and attach a copy of your card or printed receipt with your registration.** If the camper is not already a registered USA Diving athlete member, go to [www.usadiving.org](http://www.usadiving.org) and click on Membership. Select "Limited Athlete Member." The cost is \$12 and provides coverage from September 1st through August 31st.

Camper Name \_\_\_\_\_ Camper SS number \_\_\_\_\_

Camper's Address \_\_\_\_\_  
Street City State Zip

Camper's Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

USA Diving Athlete Membership # \_\_\_\_\_ USA Diving card /receipt enclosed \_\_\_\_\_

Insurance Company Name \_\_\_\_\_ Effective Date \_\_\_\_\_

Address of Insurance Company \_\_\_\_\_

Phone Number of Insurance Company \_\_\_\_\_ Group # \_\_\_\_\_

Policy Holder's 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 ATTACH A COPY OF YOUR INSURANCE CARD  
(FRONT AND BACK) ON YOUR PAPERWORK IF OVERSEAS**

## 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 \_\_\_\_\_

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)* hereby authorize, appoint, and empower Pine Crest Swim/Dive 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/Dive 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 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 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 it to the Pine Crest Swim/Dive Camp office to complete the application.

### CREDIT CARD AUTHORIZATION FORM (MEDICAL EXPENSES ONLY)

I hereby authorize Pine Crest Swim/Dive 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 \_\_\_\_\_