



PINE CREST WIM CAMP

JUNE 8th to JULY 26th, 2008

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 – 2008
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: _____

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

Address if different from campers _____ Home number () _____

Father's e-mail address: _____

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

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: _____

Enclosed is a check for \$100.00 registration, payable to Pine Crest Swim Camp. I agree to pay the balance on or before May 1, 2008. *This registration fee is not refundable.* I understand that there is no refund 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

Camp Experience: Please indicate name of camp attended (if any) and years attended

2007: _____

2006: _____

2005: _____

2004: _____

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): _____

Male Female
Age June 2008 _____
Grade Completed _____
June 2008 _____
Date of Birth _____
Size of Shirt _____

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 2008

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 8th to July 26th

| | OVERNIGHT CAMP | COMPETITIVE/RISING STAR DAY CAMP |
|-----------|--------------------|----------------------------------|
| SESSION 1 | June 8 to June 14 | June 9 to June 13 |
| SESSION 2 | June 15 to June 21 | June 16 to June 20 |
| SESSION 3 | June 22 to June 28 | June 23 to June 27 |
| SESSION 4 | June 29 to July 5 | June 30 to July 4 |
| SESSION 5 | July 6 to July 12 | July 7 to July 11 |
| SESSION 6 | July 13 to July 19 | July 14 to July 18 |
| SESSION 7 | July 20 to July 26 | July 21 to July 25 |

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.

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.

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) hereby 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 & CHECK-OUT)

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: _____