



2017 Camp Registration Packet

Child's Name: _____ Date of Birth: _____ Rising Grade: _____

My child will attend the following camp sessions:

SwimRVA Spring Break Camp (ages 6-12)

___ April 10-14

SwimRVA Summer Camp (ages 6-12)

___ Session 1: June 19-23

___ Session 2: June 26-30

___ Session 3: July 3 & 5-7 (4 days)

___ Session 4: July 10-14

___ Session 5: July 17-21

___ Session 6: July 31-August 4

___ Session 7: August 14-18

___ Session 8: August 21-25

SwimRVA Lifeguard Camp (ages 11-17)

___ July 10-14

SwimRVA Water Polo Camp (ages 11-17)

___ Session 1: June 11 \$40

___ Session 2: July 8-9

___ Session 3: August 19-20

Has your child participated in any of the following:

SwimRVA Swim School ___ Yes ___ No

SwimRVA Learn-to-Swim Program ___ Yes ___ No

SwimRVA Swim Team ___ Yes ___ No

T-Shirt Size: _____

Camp Fees

4 Day Camp Fees: \$160 8:00 a.m.-5:00 p.m. daily

5 Day Camp Fees: \$199 8:00 a.m.-5:00 p.m. daily

Weekend Camp Fees: \$80 9:00 a.m.-4:00 p.m. daily

Multiple child discounts: \$10 off for child #2 and \$20 off for child #3 and up

Fees include two healthy snacks provided each day.

Please initial all following statements SwimRVA's Summer Camp Accounting Policies:

___ I understand the registration fee is payable in full at the time of registration.

___ Two weeks written notice is required to cancel registration for a selected session.

Signature indicates your understanding of the Summer Camp Accounting Policies.

Parent/Guardian Signature _____ Date: _____

Permission Slips

I hereby give SwimRVA permission to take my child on supervised walking excursions. ___ Yes ___ No

I hereby give SwimRVA permission to take my child on supervised outdoor activities. ___ Yes ___ No

Photography Release

I hereby irrevocable consent to and authorize the use and reproduction by SwimRVA or anyone authorized by SwimRVA of any and all photographs and videos which might be or have been taken of my child during the program for any purpose whatsoever without compensation to me for future promotional purposes.

Parent/Guardian Signature _____ Date: _____

IT IS AGREED THAT THE SWIMRVA WILL NOTIFY THE PARENT(S)/GUARDIAN(S) OF ANY ILLNESS OF THE CHILD AND THAT THE CHILD WILL BE PICKED UP AS SOON AS POSSIBLE THEREAFTER.

Emergency Contact: _____ Phone #: _____

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Medical Information:

Allergies or intolerance to food, medication, etc. _____

If an allergic reaction occurs, please list steps to take to relieve reaction: _____

Is your child allergic to: Poison Ivy Poison Oak Sumac Other _____

Is your child allergic to bee stings? No Yes If yes, what type of medical treatment is needed? _____

Chronic physical problems, pertinent developmental information, any special accommodations needed: _____

Health History (please check if your child has/had any of the following):

<input type="checkbox"/> Asthma	<input type="checkbox"/> Frequent Sore Throats	<input type="checkbox"/> Sinusitis
<input type="checkbox"/> Chickenpox	<input type="checkbox"/> Frequent Headaches	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Convulsions	<input type="checkbox"/> Measles	<input type="checkbox"/> German Measles
<input type="checkbox"/> Frequent Ear Trouble	<input type="checkbox"/> Polio	<input type="checkbox"/> Kidney Trouble
<input type="checkbox"/> Fainting Spells	<input type="checkbox"/> Meningitis	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Heart Trouble	<input type="checkbox"/> Mumps	

Does your child take medications or vitamins on doctor's orders? If so, please specify: _____

If center is to administer medications, previous contact must be made for proper procedures (An authorization form is available upon request and is required with each medicine.)

Has your child had a tetanus shot within the last 5 years? Yes No If yes, please provide date of shot: _____

Has your child in the past six months been under medical care? Yes No If yes, please provide the details: _____

Child's Physician and Office Name: _____ Physician's Phone: () _____

Parent/Guardian Signature: _____ Date: _____

Emergency Medical Authorization I give SwimRVA permission for my child to be given cardiopulmonary resuscitation (CPR) and first aid treatment by a qualified SwimRVA staff member. I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I authorize SwimRVA to obtain immediate medical care and give consent to the hospitalization and performance of necessary diagnostic test upon, the use of surgery on, and/or the administration of drugs to his/her child or ward if an emergency occurs when he/she cannot be located immediately. It is also understood that this agreement may cover only those situations which are true emergencies and only when he/she cannot be reached. I understand that the provider will take every effort to contact me and/or my designated emergency contacts.

I/we will be responsible for payment of medical expenses. Medical treatment costs are covered by:

Insurance Company Name: _____ Policy #: _____

Parent/Guardian Signature: _____ Date: _____

Parental Agreement

- 1) SwimRVA agrees to notify the parent/guardians whenever the child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible if so requested by SwimRVA.
- (2) The parent/guardian authorizes SwimRVA to obtain immediate medical care if any emergency occurs when the parent /guardian cannot be located immediately.
- (3) The parent/guardian agrees to inform SwimRVA within 24 hours or the next business day after his child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

Parent/Guardian Signature: _____ Date: _____