

**Philadelphia Parks & Recreation  
Aquatics Office**

**Swim for Life Camp – 2016**

**Registration Form**

**Child will attend (select one):** Cohox \_\_\_\_\_ Lee \_\_\_\_\_

**Camp Option (select one)** Competitive Program \_\_\_\_\_ Learn to Swim \_\_\_\_\_

*(Any child who has selected the competitive option will be screened on the first day of camp. The **screening** consists of **swimming 25 yards freestyle and 25 yards backstroke**. If your child does not pass the screening process he/she will be placed in the instructional “learn to swim” option.)*

**Child’s Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Home Phone #** \_\_\_\_\_ **Cell Phone #** \_\_\_\_\_

**Child’s Age** \_\_\_\_\_ **Birthdate** \_\_\_\_\_ **Male** \_\_\_ **Female** \_\_\_

**T-Shirt Size:** Please circle appropriate size

**Youth:** Medium Large

**Adult:** Small Medium Large X-Large

My child previously attended Swim for Life Camp in \_\_\_\_\_ at \_\_\_\_\_  
(Year) (Location)

### **Payment**

The fee for the Swim for Life Camp is **\$150**. A money order for this amount should be made payable to: **“PDR Aquatics”**. *No personal checks or cash will be accepted.* The money order holds a place for the camper and is therefore **non-refundable**.

The application (blue) sheets should be returned, along with the money order, to:

**PDR Aquatics**  
**c/o Aquatics Office**  
**1515 Arch Street - 10<sup>th</sup> Floor**  
**Philadelphia, PA 19102**

*Registration is limited and on a first come basis. Applications should be sent in as soon as possible to reserve a spot. However, the last date for applications to be received is **Friday, June 10, 2016**.*

**PLEASE NOTE:** Any Swim for Life Camp location that does not have a minimum of 20 campers registered by June 10, 2016, will be cancelled. Should a cancellation occur, any registered campers will have the option of joining the other camp or a refund will be given.

### **Parental Consent**

In consideration of my child’s acceptance in the Philadelphia Parks & Recreation’s Swim for Life Camp, I certify that he/she is in good health and able to participate in a strenuous day camp of this type. I hereby waive and release all rights and claims for injury or damage my child may suffer in this activity, against the City of Philadelphia or organizations, their agents or representatives, for any and all injuries sustained by him/her. **This includes all activities involved in the camp and trips, including transportation to and from the camp, related directly or indirectly to his/her participation in the said camp.**

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent’s Name (Please Print): \_\_\_\_\_

Does child require a TSS (wrap around)? If so, please provide information in the space below.

**Name of TSS** \_\_\_\_\_

**Name of Agency** \_\_\_\_\_

**Agency Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

(Please note that all TSS workers must pay for camp trips in advance and must stay with child at all times during camp. Campers will NOT be permitted on trips without the TSS worker or parent to accompany them).

**Medical Form**

(Both sides of this form are to be completed by parent/guardian)

**Child's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_ **Age:** \_\_\_\_ **Male** \_\_\_\_ **Female** \_\_\_\_

**Parent's Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_

**Emergency Contact**

**Parent's Name** \_\_\_\_\_ **Home Phone #** \_\_\_\_\_

**Work Phone #** \_\_\_\_\_ **Cell Phone #** \_\_\_\_\_

**Parent's Name** \_\_\_\_\_ **Home Phone#** \_\_\_\_\_

**Work Phone #** \_\_\_\_\_ **Cell Phone #** \_\_\_\_\_

**Other Contact** \_\_\_\_\_ **Telephone #** \_\_\_\_\_

### Health History

(Please place a check next to each item that applies to your child, giving approximate dates)

Frequent Ear Infections \_\_\_\_\_ Mononucleosis \_\_\_\_\_ Diabetes \_\_\_\_\_

Heart Defect/Disease \_\_\_\_\_ Hypertension \_\_\_\_\_ Asthma \_\_\_\_\_

Bleeding/Clotting Disorders \_\_\_\_\_ Epilepsy \_\_\_\_\_

### Immunization

(Give approximate date of last shot)

Chicken Pox \_\_\_\_\_ Mumps \_\_\_\_\_ Polio \_\_\_\_\_ D.P.T. \_\_\_\_\_

Measles \_\_\_\_\_ German Measles \_\_\_\_\_ Hepatitis B \_\_\_\_\_

### Allergies

Hay Fever \_\_\_\_\_ Insect Stings \_\_\_\_\_ Penicillin \_\_\_\_\_

Food (please list type of food: dairy, peanuts, etc.) \_\_\_\_\_

**Disability or Chronic Illness:** (please explain): \_\_\_\_\_

\_\_\_\_\_

**Any specific activities discouraged by physician? If yes, please explain.** \_\_\_\_\_

\_\_\_\_\_

**Current Medications:** (list w/ instructions) \_\_\_\_\_

(Please note: Swim Camp staff will **NOT** administer medication to campers.)

**Name of Family Physician:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_

**Name of Family Medical/Hospital Insurance:** \_\_\_\_\_

**Group #** \_\_\_\_\_ **Policy #** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_