

City of Philadelphia
Department of Recreation

Swim for Life Camp – 2008

Registration Form

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** test consists of **swimming 25 yards freestyle and 25 yards backstroke**. If child does not pass the screening process he/she will be placed in the instructional “learn to swim” option. Any child who previously attended the Swim for Life Camp competitive program does not have to be screened)*

My child will attend the Swim for Life Camp at _____

(Select camp site from those listed on page 3 of camp brochure)

Child’s Name _____

Address _____

City _____ **State** _____ **Zip Code** _____

Telephone # _____

Child’s Age _____ **Birthdate** _____ **M** ___ **F** ___

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 **\$130**. A money order for this amount should be made payable to: **“PDR Swim for Life Camp”**. *No personal checks or cash will be accepted.* The money order holds a place for the camper and is therefore **non-refundable**.

The registration (gold) sheets should be returned, along with the money order, to:

**PDR Swim for Life Camp
c/o Aquatics Office
1515 Arch Street - 10th 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 **Monday, June 2, 2008**.*

PLEASE NOTE: Any Swim for Life Camp location that does not have a minimum of 20 campers registered by June 2, 2008, will be cancelled. Should a cancellation occur, any registered campers will be referred to the next closest location or a refund will be given.

Parental Consent

In consideration of my child’s acceptance in the Philadelphia Department of 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:** _____ **Sex:** M ___ F ___

Parent's Name: _____

Home Address: _____ **Zip:** _____

Business Address: _____

Telephone #: _____

Emergency Contact

Father's Name _____ **Work Phone #** _____

Mother's Name _____ **Work 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: _____

Signature of Parent/Guardian: _____ **Date:** _____

