

**Philadelphia Parks & Recreation
Aquatics Office**

Swim for Life Camp – 2020

Application Form

Child's Name _____

Child will attend: Awbury _____ Cohox _____ Lee _____ Vogt _____

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.)

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

Payment

The fee for the Swim for Life Camp is **\$250**. 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 sheets and white registration form should be returned, along with the money order, to:

**PDR Aquatics
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. The last date for applications to be received is **Friday, June 12th 2020**.

PLEASE NOTE: Any Swim for Life Camp location that does not have a minimum of 20 campers registered by June 15th 2020, 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.

Therapeutic Support Services

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).

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): _____

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:** _____