



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 Lifeguard Camp (ages 11-17)

\_\_\_ July 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 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: \_\_\_\_\_

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## Locker Room and Restroom Rules

- Be considerate of others.
- Food, gum, beverages and glass items are prohibited from the locker rooms and restrooms.
- Use of any device with camera capabilities is strictly prohibited in the locker rooms and restrooms. Failure to follow this rule could result in suspension or termination of membership.
- SwimRVA prohibits any inappropriate behavior. Please report any such behavior to a staff person.
- Children 6 and over must use gender- appropriate locker rooms. Please follow all posted age restrictions.
- Secure all items in a locker with a lock. SwimRVA is not responsible for lost or stolen items.
- Lockers are for day use only. Items left in Lockers overnight may be removed and donated to charity.

Please Note: If any camper or their family members need a family changing area, we have two small rooms separate from our main locker rooms for your convenience.

I have read and understand the SwimRVA locker room and restroom rules.

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

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

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: \_\_\_\_\_