CAMP FLA fort lauderdale aquatics

2008 CAMP FLA Application
(please fill out completely and accurately)

Camper's Name : _____ Sex____ Adult T-shirt Size: _____
Last First M. I

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Birthdate: _____ Age as of June 2008 Camp: _____
mm/dd/yyyy

Parent/Guardian Name: _____ Parent email: _____

Paren/Guardian Work or Cell Phone: _(____)_____ Father: (____)_____ Mother: _(___)_____

All applicants must be registered with USA Swimming for 2008. If you are not registered, we will register you (please add $60 to your total fees).

If already registered: Specify your Local Swim Committee_____ USA Swim # _____
Please, provide a copy of your 2008 USA Swimming Athlete Membership card with your application

Please check the weeks you wish to attend camp: ***Suggested two-week minimum*** Check all that apply

	Date (Mon-Fri)	Day (9-3:30PM)	Full Day Camp (9-5:30PM)	Extended Day (7-5:30PM)	Date (Sun-Sat)	Resident
Week 1	June 9-13	☐	☐	☐	June 8-14	☐
Week 2	June 16-19	☐ (NO FRI	☐ (NO FRI)	☐ (NO FRI)	June 15-21	☐
Week 3	June 23-27	☐	☐	☐	June 22-28	☐
Week 4	June 30- July 3	☐ (NO FRI)	☐ (NO FRI)	☐ (NO FRI)	June 29- July 5	☐
Week 5	July 7-11	☐	☐	☐	July 6-12	☐
Week 6	July 14-17	☐ (NO FRI)	☐ (NO FRI)	☐ (NO FRI)	July 13-19	☐
Week 7	July 21-25	☐	☐	☐	July 20-26	☐
Week 8	July 28-1	☐	☐	☐	July 27-Aug 2	☐

PAYMENT OPTIONS:

(Make checks payable to Camp FLA)
☐ **I would like to pay the full amount for the camp by check enclosed**
☐ **I would like to pay the non refundable deposit by check or Credit Card**
☐ **I would like to pay the full amount for the camp by Credit Card designated below**

Charge my ☐ Visa ☐ Master Card ☐ American Express ☐ Discover

Card Number: _____ Expiration Date: _____ VCODE: _____

Print Name as it appears on credit card: _____ Signature: _____

Camp FLA has an open application policy of non-discrimination on the basis of race, religion, ethnic origin, and sex in all its programs and employment. Camp FLA is **not** a Learn to Swim Camp, campers must know how to swim and be confident of their abilities in the water, anyone who is unsure need to be evaluated prior to camp. Camp FLA is hereby granted permission to use any individual or group photographs taken at camp showing your child or children in camp activities for publicity and brochure purposes. Enclosed is my check for the non-refundable application fee, payable to **Camp FLA**. This application fee is not part of the tuition or any other camp fee. Further, I agree to pay the balance of my fees SIX weeks in advance of my child's camp arrival date. I understand that the Camp FLA has a NO REFUND POLICY for any reason. I have read all applicable information and understand the policies as stated.

Parent or Guardian Signature:_____Date:_____

Please submit this application with your photo (or e-mail to info@Camp-FLA.com) and your nonrefundable **deposit of $50.00 (For all Day Camps) $100.00 (Resident Camp) application fee payable to Camp FLA to**:

FORT LAUDERDALE AQUATICS SWIM CAMP
501 SEABREEZE BLVD
FORT LAUDERDALE, FL 33316

WWW.Camp-FLA.COM
PHONE: 954 468 5590 FAX: 954 468 5595 EMAIL: INFO@Camp-FLA.COM

CAMP FLA fort lauderdale aquatics

2008 CAMP FLA - ATHLETE BIO FORM
(please fill out completely & accurately)

Camper's Name _____ Sex_____ Age as of June, 2008_____
Last First Middle Initial

Camper's E-mail:_____ Home Team or Club:_____ Club Code:_____ If USA, What LSC:_____

Please Circle type of Team or Club: **USA Swim Team / High School / YMCA / Summer Recreational League**

Coach's Name:_____ Phone:_____ E:mail:_____

I have been a competitive swimmer for _____ years. Number of workouts per week:_____ Average workout length (time):_____ Yardage:_____

Type of strength training and number of days per week:_____

Honors I have received:_____

My strongest events are:_____

I would like to improve my_____

The things I do best as a swimmer are:_____

SWIMMERS WHO ARE NOT USA REGISSTERED PLEASE COMPLETE THE BELOW BIO
PLEASE FILL OUT YOUR BEST TIMES - be as accurate/complete as you can. Important for proper group placement.

	SHORT COURSE YARDS/METERS (circle)					LONG COURSE METERS				
	50	100	200	4/500	1000 / 1650	50	100	200	400	800 / 1500
FREE										
BACK										
BREAST										
FLY										
I.M.										

Camp Experience - Please tell us names of other camps you have attended (if any) and years attended:

_____

How did you hear about Camp FLA?:
☐ Web site ☐ Friend ☐ Splash ☐ Swimming World ☐ Previous Camper ☐ Other (_____)

Have you been away from home before and for how long?_____

Please list any other talents and hobbies you would like to share:_____

Additional comments:_____

Roommate Request – Campers are housed three campers per room. (All parties must request each other for the request to be granted):

1._____ 2._____