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	Day (9-4PM)	Full Day Camp (9-5:30PM)	Extended Day (7-5:30PM)	Date	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