


**2014 CAMP FLA APPLICATION
SIGNING UP IS AS EASY AS 1 – 2 - 3**

1 - CHOOSE YOUR TYPE OF CAMP	
	<div style="background-color: cyan; padding: 5px; display: inline-block;">Types of Camp</div>
<p>MINI CAMP</p> <p>AGES 5 - 9 MON thru THUR 9:00 AM to 1:00 PM</p> <p>\$175 Per week</p>	<p>The Mini Camp is the perfect place for children ages 5 - 9. Our introduction into the Camp FLA program gives our MINI-Campers the small dose of Camp they need to explore and get comfortable in the Camp world. Camp runs Monday thru Thursday (no Fridays) from 9am to 1pm; giving our little girls and boys just enough time away from home to learn, make friends, be happy, and be ready for Mom or Dad to bring them home. And enjoy long weekends with family without “missing” camp</p>
<p>FULL DAY FUN CAMP</p> <p>AGES 5 - 14 MON thru FRI 9:00 AM to 3:30 PM</p> <p>\$225 Per Week</p>	<p>FULL Day FUN Camp gives our Campers ages 5 - 14 the FULL day they need to enjoy the FULL camp program. Camp runs 5-days per week from 9:00am-3:30pm to provide the safe “Home” away from home parents are looking for their kids. Campers will be provided two swim sessions and a FULL day of FUN-filled activities outdoors and indoors.</p>
<p>EXTENDED DAY FUN CAMP</p> <p>AGES 8-14 MON-FRI 9:00-5:30</p> <p>\$275 per week</p>	<p>EXTENDED Day FUN Camp provides ALL a camper could want and doesn’t want to go home! Or one who needs to be cared for their parents’ complete workday. Camp runs 5 days per week from 9am-5:30pm. The longer day is more suited to the camper with lots of energy, ages 8-14. These campers will be given additional activity time and cared for 2 more hours per day in the same great, nurturing, team building environment.</p>

2 - PICK CAMP WEEKS THAT YOU WANT TO ATTEND

2014 Camp FLA Dates

Week	Dates
1	June 9 to 13
2	June 16 to 19 (No camp Fri, June 20) *
3	June 23 to 27
4	June 30 to July 3 (No camp Fri, July 4) *
5	July 7 to 11
6	July 14 to 18
7	July 21 to 25
8	July 28 to Aug 1
9	Aug 4 to 8
10	Aug 11 to 15
* Will Pro-rate Camp for Holidays	
Come for 1, 2, 3, or all 10 weeks of camp!	

Typical Day

Activity	Time
Check In	9:00-9:15am
Activity 1	9:15-10:00am
Change into Swim Suits	10:00-10:15am
Snack /Hydrate/Sun Screen	10:15-10:25am
Swim 1	10:25-11:15am
Activity 2	11:15am-12:00noon
Lunch/Hydrate/Rest	12:15-1:00pm
MINI CAMPERS PICKUP	1:00 Departure MINI CAMP
Activity 3	1:15-2:00pm
Swim 2	2:15-3:15
FULL DAY CAMPERS PICKUP	3:30 Departure FULL DAY
Rest	3:15-4:00
Swim 3	4:00-5:15
EXTENDED DAY CAMPERS PICKUP	5:30 Departure EXTENDED DAY
ACTIVITES INCLUDE, KICKBALL, BASKETBALL, RELAY RACES, FRISBEE, SOCCER, ETC. PLEASE BRING TENNIS SHOES FOR ACTIVITIES. NO OPEN TOE SHOES!!!! **PLEASE PACK LUNCH IN A PROPER COOLER LUNCHBOX	

3 - CALCULATE TOTAL NUMBER OF WEEKS AND SEE THE TUITION THAT YOU QUALIFY FOR

2014 TUITION FEES/PER WEEK

TOTAL # OF WEEKS PURCHASED	EXTENDED DAY	FULL DAY	MINI CAMP
1-4	\$275	\$225	\$175
5-7	\$255	\$205	\$155
8-10	\$235	\$185	\$135

\$50 registration (non-refundable) fee applies to each camper registering.

EXAMPLE:

IF YOU SIGN UP YOUR CHILD FOR 7 WEEKS OF FULL DAY CAMP, YOU WILL PAY \$205 PER WEEK, NOT \$225 PER WEEK.

LARGER WEEKLY DISCOUNT IF YOU SIGN UP FOR MORE WEEKS OF CAMP FLA!

PRICING DOES NOT INCLUDE LUNCH
PLEASE PACK A BAGGED LUNCH IN A COOLER WITH COOL PACK / ICE PACK

ONCE YOU KNOW WHAT DATES YOU WANT, FILL OUT THE REMAINING FORM AND MAIL, FAX, OR SCAN

Mail to: 289 SE 3RD TERRACE , POMPAÑO BEACH , FL 33060

Scan to: **INFO@FLASWIM.COM** - SUBJECT CAMP

Fax to: 954:788-7360

Check which Card	
Amex	
VISA	
MC	
DISC	

AUTOMATIC PAYMENT AUTHORIZATION FORM

EXACT NAME OF CARDHOLDER ON CARD

Name of CAMPER(s) _____

CARD # _____

CARD EXPIRATION DATE ____ / ____ **CARD V-CODE #** _____

BILLING ADDRESS ZIP CODE _____

I give permission for FLA to charge my camp dues, or purchases from the Camp Store to the above noted credit or debit card.

Signature _____
Date

Type of Camp _____

Total number of weeks: _____

Tuition per week: _____

Registration Fees: (\$50 per Camper): _____

Grand Total _____

Please note: All fields need to be filled out in order for your account to be setup. Without proper setup, your child, **CANNOT BE ENROLLED IN CAMP.**

Billing Information (Account Holder) Person responsible for paying account

PAYEE'S EMAIL ADDRESS: _____

BillingAddress _____ City _____ State _____ Zip _____
Home Phone _____ Work/MobilePhone _____
Mother'sName _____ M.I. _____ Last Name _____
Father's Name _____ M.I. _____ Last Name _____
Mother's occupation _____ Father's Occupation _____
Mother's Employer _____ Father's Employer _____
Mother's Work Phone _____ Father's Work Phone _____

Insurance Information

Insurance Carrier: _____
Insurance Carrier Phone number: _____
EmergencyContact: _____ ContactPhone: _____

Camper Information (FILL OUT ALL CHILDREN ATTENDING)

Camper's First Name _____ **M.I.** _____ **LastName** _____
Gender : M/F _____ DOB _____/_____/_____
CIRCLE TYPE OF CAMP: MINI CAMP FULL DAY EXTENDED DAY
CIRCLE ALL WEEKS ATTENDING: 1 2 3 4 5 6 7 8 9 10

Camper's First Name _____ **M.I.** _____ **LastName** _____
Gender : M/F _____ DOB _____/_____/_____
CIRCLE TYPE OF CAMP: MINI CAMP FULL DAY EXTENDED DAY
CIRCLE ALL WEEKS ATTENDING: 1 2 3 4 5 6 7 8 9 10

Camper's First Name _____ **M.I.** _____ **LastName** _____
Gender : M/F _____ DOB _____/_____/_____
CIRCLE TYPE OF CAMP: MINI CAMP FULL DAY EXTENDED DAY
CIRCLE ALL WEEKS ATTENDING: 1 2 3 4 5 6 7 8 9 10

PICKUP INFORMATION- Please be prepared to show ID at pickup

WHO IS ALLOWED TO PICK UP YOUR CHILD? (List adults who can pick up your child)_____

Medical Information

EmergencyContact_____

Emergency Contact Telephone#_____ Relationship_____

Past Illnesses_____

Current Medications_____

Allergies_____

Allergies to Medications_____

Date of Last Tetanus Booster_____

Anything else we need to know to help provide yourself or child the best service possible._____

MISC. Information

T-shirt Size:

Circle one: Youth: S M L / Adult: S M L XL XXL

Referral

How did you hear about FLA?_____

Who can we thank for recommending us?_____

WAIVERS

FLA CAMP CONSENT FOR EMERGENCY MEDICAL TREATMENT

In the event of a medical emergency, the undersigned Parent(s)/Guardian(s) of the above named participant(s), hereby grants authorization to the FLA Swim School, FLA Swim Team, FLA Camp, FLA Masters, City of Miami, Boca Prep International School, Florida Atlantic University, Palm Beach County, and its representatives, to employ any legally licensed physician or health care facility on behalf of each of the undersigned, and to direct and/or order emergency medical treatment for the above named participant(s). Each of the undersigned further agrees that neither FLA Swim School nor any of its representatives shall be liable under any circumstances to anyone for exercising the foregoing authority in the event of an emergency.

SIGNATURE OF PARENT/GUARDIAN OF MINOR CHILD/CHILDREN

DATE

INFORMED CONSENT AND WAIVER/RELEASE

I, the undersigned, as the parent or legal guardian of the child(ren) listed on this application in consideration of the request and permission of my son(s)/daughter(s) to participate in the FLA programs ,FLA Swim School, FLA Swim Team, FLA Camp, FLA Masters, City of Miami, Boca Prep International School, Florida Atlantic University, Palm Beach County, and transportation to/from Camp designated hotels and other FLA designated pools, hereby assume full responsibility for all risks of injury or loss which may result from my son's/daughter's participation in this activity and hereby agree to hold harmless, release and forever discharge FLA, it's officers, agents and employees from and waive any and all claims and demands whatsoever which the undersigned and any of them or any third person of any accident, illness, injury, or death of any person and persons, or damage to or loss or destruction of any property arising or resulting from swimming, weight training, and a variety of strenuous exercise, vigorous physical activities and/or running directly or indirectly from my son's/daughter's participation in the aforementioned programs and occurring during said participation or any time subsequent thereto, save and except that the above provisions shall not be applicable to injury to or death of persons, or damage to or loss of property arising out of the sole negligent acts or omissions of FLA, their officers, agents or employees. The terms of this release shall serve as a release and assumption of risk for my son(s)/daughter(s), heirs, executors and administrators and for all my family members.

I understand, agree, and acknowledge that there are risks inherent in the sports activities conducted by the FLA Swim Schools and the Camp FLA, including, but not limited to paralyzing injuries, brain injuries, and death. These activities may be of a hazardous nature and/or may include activities such as swimming, a variety of strenuous exercise, and vigorous physical activities. With the full understanding of the facts, I state, that to the best of my knowledge, my son(s)/daughter(s) listed on this application has no medical, physical, mental or emotional health condition which would hinder or prevent his/her active participation in FLA programs.

SIGNATURE OF PARENT/GUARDIAN OF MINOR CHILD/CHILDREN

DATE

PHOTOS

I also understand that Photos are occasionally taken at the FLA Swim School, FLA Swim Team,& FLA Camp, at facilities and that any photo taken of my child (ren) may be used for FLA publicity, advertising, and social media purposes.

SIGNATURE OF PARENT/GUARDIAN OF MINOR CHILD/CHILDREN

DATE