



2012 CAMP FLA Application — Resident & Elite Camp
(please fill out completely and accurately)

Camper's Name: Last First M. I. Sex Adult T-shirt Size:
Home Address: City: State: Zip:
Home Phone: Birthdate: Age as of June 2012 Camp:
Parent/Guardian Name: Parent email:
Parent/Guardian Work or Cell Phone: Father: Mother:

All applicants must be registered with USA Swimming for 2012. If you are not registered, we will register you (please add \$65 to compete).

If already registered: Specify your Local Swim Committee USA Swim # and provide a copy of your 2012 USA Swimming Athlete Membership card.

Please check the weeks you wish to attend camp. Check all that apply

Please check below for optional English Class sessions.

\*\*For Elite Camp mark at least 4 consecutive weeks\*\*
\*\*For Resident and Day Camp a two week minimum is suggested\*\*

\*\*RESIDENT and ELITE campers will participate in Special Wednesday trips. The cost of these trips will be charged separately according to the trip schedule\*\*

Table with columns: Week, Elite Camp (4+ weeks), Resident Camp (Sunday - Saturday). Rows 1-10 with checkboxes for dates.

Table with columns: Week, Field Trips (Each Wednesday), English Classes (\$150 a week) (Mon, Tue - Thur, Fri). Rows 1-10 with checkboxes for activities.

CREDIT CARD AUTHORIZATION FOR MEDICAL EXPENSES

The physicians in our area will not accept insurance assignments unless you are a regular patient. The only method of payment that is universally accepted will be credit cards: MasterCard or Visa.

ACTIVITY CHARGES / SALES AUTHORIZATION

Any outstanding balance that is unpaid after payment deadline will be charged to your credit card on file. All activity fee charges made during camp will automatically be charged to the credit card number on file.

Credit Card Information MUST be provided to keep on file:

Form with checkboxes for Visa, Master Card, American Express, Discover.

I hereby authorize Camp FLA to apply Medical Expenses to my credit card on file

Card Number: Expiration Date:

Name on Card: VCODE:

Signature:

Parent/Guardian Initials

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 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.

(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 full amount for the camp by Credit Card designated above
I would like to pay the non-refundable deposit only by check or Credit Card

Please submit this application (or e-mail to Camp@FLAswim.com) and your nonrefundable \$100.00 (Elite or Resident Camp) application fee payable to Camp FLA to:

CAMP FLA
501 SEABREEZE BLVD
FORT LAUDERDALE, FL 3331

Parent or Guardian Signature:

Date:



**2012 CAMP FLA - ATHLETE BIO FORM**  
 (please fill out completely & accurately)

Camper's Name \_\_\_\_\_ Sex \_\_\_\_\_ Age as of June, 2012 \_\_\_\_\_  
 Last First Middle Initial

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

Please mark your 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: \_\_\_\_\_

**PLEASE COMPLETE THE BELOW BIO BY FILLING OUT YOUR BEST TIMES**  
 (Be as accurate/complete as you can. Important for proper group placement)

*\*A print out from www.USAswimming.org or other federation website is acceptable*

	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 (\_\_\_\_\_)

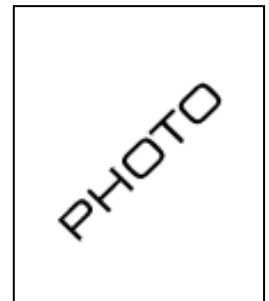
Have you been away from home before and for how long? \_\_\_\_\_

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. \_\_\_\_\_



If traveling by air, please provide us with a **PHOTO** of your camper.



**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, including, but not limited to the Sports Camps, Swim Lessons, Swim Team/Squads, 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 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.

I have read and understood, and I agree with the informed consent and release and the emergency medical authorization outlined above as it relates to my son(s)/daughter(s).

Parent or guardian signature \_\_\_\_\_ DATE \_\_\_\_\_

**CREDIT CARD INFO-MEDICAL**

We must have a current credit card on file in case any medical professional does not accept your insurance.

**Please provide us with your credit card information to keep on file:**

Visa       Master Card       American Express       Discover

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ VCODE: \_\_\_\_\_

Signature: \_\_\_\_\_



2012 Transportation Form - Resident Campers

Please return this form as soon as possible by email, mail or fax to (954) 468-5595.

CAMPER'S NAME \_\_\_\_\_ Home Phone # \_\_\_\_\_

Parent's Name \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Camp date of arrival \_\_\_\_\_ Departure Date \_\_\_\_\_

Method of transportation  Airline  Automobile

By Car

Please drive the camper directly to the Best Western Oceanside Hotel, 1180 Seabreeze Boulevard, Fort Lauderdale. Please see the directions on our website. If you are being brought to or picked up from camp by your parents,

PLEASE PLAN TO ARRIVE: Sunday between 3:00pm and 6:00pm and

DEPART: Saturday between 10:00am and 12:00 noon.

When you arrive at the reception desk you will be met by a Camp FLA Staff member.

If a staff member is not in the front desk area, please ask the hotel front desk attendant to locate one for you.

Name of person who will be bringing/taking the camper: \_\_\_\_\_

Relationship to the camper: \_\_\_\_\_

Estimated time of arrival \_\_\_\_\_ Estimated time of departure \_\_\_\_\_

By Air

Please complete the information below or send a copy of your itinerary from the travel agent or airline ticket, so we can meet the camper at the airport. Note to those coming from outside of the USA. Fort Lauderdale is an International Airport. Please try to make the final destination Fort Lauderdale rather than Miami. There are many flights, especially International flights that come directly to Fort Lauderdale. In addition, there are many good connecting flights to Fort Lauderdale from New York, Atlanta, and many other international airports.

Arrival at Camp

Arrival airport:  FLL  MIA

Airline \_\_\_\_\_

Originating flight number \_\_\_\_\_

Departure airport \_\_\_\_\_

If you are changing planes in another city:

Airline \_\_\_\_\_

Connecting flight number \_\_\_\_\_

Arrival time \_\_\_\_\_  A.M.  P.M.

Check here if you will be clearing customs

If there is any change, please notify us immediately.

Camp FLA will provide transportation to and from the Fort Lauderdale International Airport FREE of charge. Service to and from the Miami International Airport will also be provided for a fee of \$100.00 per trip.

We will plan to transport each swimmer who informs us of his or her arrival and departure

Departure from Camp

Departure airport:  FLL  MIA

Airline \_\_\_\_\_

Flight number \_\_\_\_\_

Departure airport \_\_\_\_\_

Departure time \_\_\_\_\_  A.M.  P.M.

Destination city/country \_\_\_\_\_

Will camper be signed over to the airline?

Yes  No

## RESIDENT CAMPER

### WHAT TO BRING CHECKLIST

- fun loving positive attitude
- swimsuits
- goggles
- 1 pair of fins
- 1 pair paddles (Age group and above)
- 1 pull buoy (Age group and above)
- 1 mesh bag for swimming gear
- water bottle
- 8 t-shirts
- 1 light jacket (in case of rain)
- 1 pair sweats and/or pajamas
- 2 large swim towels (towels for bathing only are provided by the hotel)
- 2 pairs pants or jeans
- 6 pair shorts
- 8 pairs underwear
- 1 pair running shoes
- 1 pair flip flops
- comb and brush
- laundry bag and detergent
- toothbrush, toothpaste
- other personal hygiene articles
- ALARM CLOCK
- combination lock
- sunscreen SPF #15 or higher
- lip balm
- cell phone/ Prepaid phone card

**All training items are available for purchase at the camp store.**

#### Laundry

Campers may do their laundry in washers and dryers provided at the hotel for a nominal fee. Counselors will be available to provide assistance. All clothing and personal items must be clearly marked with the camper's name. FLA Camp cannot be responsible for any lost or misplaced items. Extra T-shirts and caps may be purchased at the Camp and charged to your camp escrow account.

#### Spending Money

**It is not a good idea to send a lot of cash with your child.** Please send only enough cash to spend for an occasional treat or shopping. All camp activity entrance and transportation fees will be deducted from your camp escrow account. Campers will not be allowed to withdraw cash from their camp account for shopping or food. If your youngster is staying a long time, we suggest bringing an ATM Card (the hotel has an ATM machine), or traveler's checks.