

Belle Meade Swim Camp 2012 for boys & girls ages 4-7

Belle Meade Swim Camp for 4-7 year olds meets from 9:15 am -1:15 pm. Children will have swimming lessons, free swim, play time, and lunch.

What your child(ren) need(s) to bring:

- *healthy lunch (will be refrigerated)
- *swim suit *sun hat *sun block *towel
- *swim goggles (cover eyes only)
- *refillable water bottle

Please send lunch in a reusable container with child's name. Please pack other items in backpack or bag that child can carry.

Sessions

(1)June 11-15 (2)July 9-13 (3)July 23-27

Tuition and Registration

Tuition is \$150 for each session. To register, complete the enrollment form and sign medical release and waiver on the back. Include tuition fee payable to Belle Meade Swim Camp with each application. Returned check fee is \$25.

For more information or to schedule a visit, call Susan Hoffman 987-9748.

OPEN HOUSE: Sunday, April 15 and Sunday, May 6, 1-3 pm.

Belle Meade Swim Camp Enrollment

Name of camper(s) _____

age _____ birth date _____

Address _____

Parents _____

Phone (h) _____ (w) _____

e-mail _____

Emergency name (1) _____ Phone _____

Address _____

Emergency name (2) _____ Phone _____

Address _____

Physician _____ Phone _____

Health Insurance _____ policy # _____

Any serious illness, operation, injury? _____

Allergies _____ Medication _____

Special desires / concerns for the child _____

Swimming experience _____

Session(s) desired: (1) June 11-15 (2) July 9-13 (3) July 23-27

Mail enrollment form, signed medical release and waiver, and tuition check payable to Belle Meade to

Belle Meade Swim Camp, 353 F. T. Valley Road, Sperryville, VA 22740

Emergency medical release

I give permission for Belle Meade Swim Camp staff to obtain medical treatment for my child at my expense in the event of injury or sudden illness. If my child needs to be transported to an emergency facility, that decision will be made by the emergency team which responds to the call. The emergency medical team and the treatment facility have my authorization to provide treatment which a physician deems necessary for the well being of my child. I give permission for the camp staff to administer emergency medical attention to my child until I can be contacted.

Signature of parent/guardian Date

Permission / Waiver

My child has my permission to participate in the swimming program and to go on hikes and excursions. I assume all risks associated with my child's participation in Belle Meade Swim camp. I understand that reasonable precautions will be taken for my child's safety. I release Belle Meade owners and staff from all responsibility for accidents or personal injury.

Signature of parent / guardian Date