

# Belle Meade Swim Camp 2020

for boys & girls ages 4-7

Belle Meade Swim Camp meets from 9:15 - 1:15 pm. Children participate in swimming lessons, free swim, arts and crafts, lunch, and story time.

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

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

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 15- 19 (2) June 29 - July 3

Families are invited to visit at 12:30 the final day of camp.

## Tuition and Registration

Tuition is \$200 for each session. Fee for additional child in the same session and the same family is \$175. 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.

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

**OPEN HOUSE: Sunday, May 3, 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 15 - 19 (2) June 29 - July 3

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.

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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. I give permission for photographs of my child to be used for the website, newspaper, or social media.

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Signature of parent / guardian      Date