



Bebe Hall,
Camp Director

University of Miami
Coral Gables, FL
33124

877-SWIM-RACE

The Race Club Training Camp

June 1st through June 20th, 2009

www.theraceclub.com

APPLICATION TO BE FILLED OUT BY PARENT/GUARDIAN

Overnight Training Camp Day Training Camp

JUNE 1ST – 6TH JUNE 8TH – 13TH JUNE 15TH – 20TH

Camper's Last Name _____ First _____ MI _____
 Address _____ City _____ State _____ Zip _____
 Phone () _____ Country _____
 Camper's email address _____
 Father's Name _____ Day or cell phone () _____
 Address if different from camper's _____
 Home phone () _____ Email _____
 Mother's Name _____ Day or cell phone () _____
 Address if different from camper's _____
 Home phone () _____ Email _____
 Parent's Marital Status _____
 If Divorced, who has custody of the child? _____
 Tuition to be paid by: _____
 Send Camper Account refunds to: _____
 Has the child been away from home before? _____
 What are his/her hobbies or talents? _____
 Room Request (All parties must request each other for the request to be granted): _____

Male Female
 Age June 2009 _____
 Grade Completed
 June 2009 _____
 Date of Birth _____
 Size of Shirt _____
 Time 100 Freestyle:
 Yards _____
 Meters _____

Enclosed is a check for \$100.00 registration, payable to The Race Club. I agree to pay the balance on or before May 1, 2009. *The registration fee is not refundable.* I understand that there is no refund for late arrival or early departure from the camp, or if my son/daughter is dismissed from the camp due to disciplinary action.

The Race Club is hereby granted permission to use any individual or group photograph's taken at camp showing your child or children in camp activities for publicity and brochure purposes.

I have read the accompanying information sheet and understand the policies as stated

Parent or Guardian _____ Date _____

Check how you heard of The Race Club Training Camp:

Friend Swimming World Splash Website Other

Please pay fees by May 1st. Registration applications received after May 1st are \$150. Registration fees are not part of camp are an additional fee.

Dates for 2009

ALL OVERNIGHT AND DAY
CAMP SESSIONS START ON
MONDAY AND END ON
SATURDAY.

SESSION I:
JUNE 1ST – 6TH

SESSION II:
JUNE 8TH – 13TH

SESSION III:
JUNE 15TH - 20TH

FEES: Please mark all options that apply to you

Registration Fee before May 1st, 2009 (non-refundable)	\$100	_____
Registration Fee after May 1st, 2009 (non-refundable)	\$150	_____
Camp Tuition – 1 week overnight	\$725	_____
Camp Tuition – 1 week commute	\$625	_____
Dartfish Stroke Analysis (2 strokes)	\$75	_____
Dartfish Stroke Analysis (3 strokes)	\$100	_____
Dartfish Stroke Analysis (4 strokes)	\$115	_____
Swim with the Dolphins	\$250	_____
Weekend Rate in Dormitory (extended days)	\$100	_____
Fort Lauderdale Airport pickup or drop off (one way)	\$75	_____
Fort Lauderdale Airport pickup and drop off (round trip)	\$150	_____

TOTAL _____

CREDIT CARD INFORMATION: Credit Card Type _____ Credit Card #: _____

Signature _____ Exp. Date: _____

TRAVEL INFORMATION: Please fax or email this form at least 2 weeks prior to arrival to The Race Club:

Fax #: (305) 852-4947 Email: info@theraceclub.net

Every effort should be made to arrange arrival between 9:00 AM and 3:00 PM on Sunday, and departures between 9:00 AM and 3:00 PM on Saturday.

Camper _____
 First Name Last Name

Phone number of parents during camper's time of travel () _____

BY CAR:

Arrival Date (Always Sunday) Time Departure Date (Always Saturday) Time

BY PLANE:

Camp Arrival Date: Sunday, _____ Arrival Airline: _____

Arrival Flight Number: _____ Arrival Time at Destination: _____ AM or PM

Camp Departure Date: Saturday, _____ Departure Airline: _____

Departure Flight Number: _____ Departure Time at Destination: _____ AM or PM

*Will camper be signed over to the airline? Yes _____ No _____ (only if 12 and under)

I understand it is my responsibility to provide my son/daughter's travel information 2 weeks prior to camp arrival.

Physician Medical Release

I, _____, hereby attest to the fact
Name of Physician

that _____ has undergone a physical
Name of Camper

examination under my care within one year of the date of signature, and he/she is deemed physically fit enough to participate in a swim training camp coordinated by The Race Club, Inc.

Physician's Signature

Date

MEDICAL INFORMATION, EMERGENCY RELEASE AND MEDICAL EXPENSES

Please complete this form in its entirety. This information will be helpful in the unlikely event of an accident or sudden illness.

Camper's Name: _____

Parent's Names: _____

Home Phone: _____ Work Phone: _____ Cell: _____

1. in the space provided below, list any pertinent health or medical information and instructions or special problems (allergies, tetanus booster dates, drug allergies, asthma, prescriptions, etc.)

2. Aside from yourselves, (the parents of the camper), please indicate (in order), those individuals that you would like the coaches to contact should there be an emergency involving your child:

3. Camper's Doctor: _____ Phone: _____

4. Camper's Dentist: _____ Phone: _____

FOR EMERGENCY IF PARENTS OR GUARDIAN ARE UNAVAILABLE:

Name: _____ Phone: _____

Name: _____ Phone: _____

If, in the opinion of a properly licensed and practicing physician, my (son/daughter) needs medical or surgical services which require (my/our) authorization or consent before being supplied, (I/We) hereby authorize, appoint, and empower The Race Club Swim Camp, to act as (my/our) agent to furnish on (my/our) behalf such oral or written authorization as may be so required, and (I/we) release The Race Club Swim Camp from any liability which may arise from the giving by it of such authorization; it being (my/our) desire that (my/our)(son/daughter) be furnished with such medical or surgical services as soon as reasonably possible after the need arises.

Date: _____ Signed by Parent or Legal Guardian:

X _____

X _____

The physician 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. The authorization found below will enable camp staff to insure quick medical attention when needed. Your credit card receipt and actual medical bills will be sent to you. At that time, you may submit the bills to your insurance carrier for reimbursement. This medical authorization will be used only for medical expenses. Please complete the authorization form below and return to The Race Club to complete application.

CREDIT CARD AUTHORIZATION FORM (MEDICAL EXPENSES AND CHECK-OUT)

I hereby authorize The Race Club to apply the following charges to my credit card:

Mastercard Visa Account #: _____ Exp. Date: _____

Name as it appears on above card: _____

Signature: _____ Date: _____

HEALTH INSURANCE INFORMATION SHEET

(every camper must have this form on file)

Private insurance information must be provided, if applicable. If a camper does not have private health insurance, please be advised that, should a camper require medical attention, **you are responsible for paying any cost not covered by insurance.**

Camper Name _____ Camper SS Number _____

Camper's Address _____

Street City State Zip

Camper's Phone Number _____ DOB _____

Insurance Company Name _____ Effective Date _____

Address of Insurance Company _____

Phone # of Insurance Company _____ Group # _____

Policy Holder's Name _____ Policy # _____

Policy Holder's Address _____

Street City State Zip

Relationship to Camper _____

Name and Phone # of Primary Care Physician:

I hereby authorize the release of any medical information which might be needed in connection with payment for medical services.

Parent Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

I request that payment under any medical insurance program be made directly to the provider on any bills for services rendered by that provider. I understand that I am financially responsible for fees not covered by this authorization.

Parent Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

****PLEASE ATTACH A COPY OF YOUR INSURANCE CARD (FRONT AND BACK) OR YOUR PAPERWORK IF OVERSEAS.**