VIRGINIA SWIM CAMPS, INC. APPLICATION

Name:_____ Date of Birth_____ Sex_____
last first middle

Mailing Address_____ City_____ State_____Zip_____

Parent's Email _____
(this email address will be used for camp correspondence and confirmation of enrollment)

Parent/Guardian_____ Phone_____

Swim Club_____ Coach_____

Swim Camp Session Preferred (Circle One)

SESSION I - June 10 - 15, 2012
~~**Session II - June 17 - 22, 2012**~~ **SOLD OUT**
Session III - July 8 - July 13, 2012

Alternate Session (Circle One)

SESSION I - June 10 - 15, 2012
~~**Session II - June 17 - 22, 2012**~~ **SOLD OUT**
Session III - July 8 - July 13, 2012

Roomate Request_____

I,_____ give my permission to Virginia Swim Camps, Inc. to have

_____ professionally treated in case of any emergency.
camper's name

Parent/Guardian Signature_____

Please forward application and payment payable to:

Virginia Swim Camps, Inc.
P.O. Box 400316 Aquatic & Fitness Center
University of Virginia
Charlottesville, VA 22904
(434) 982-5755 | (434) 964-1235

ATTENTION:

A COPY OF CAMPER'S HEALTH INSURANCE CARD (FRONT AND BACK) MUST BE ATTACHED