2019

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 1: JUNE 13 - 15, 2019
SESSION 2: JUNE 16 - 20, 2019

Alternate Session (Circle One)

SESSION 1: JUNE 13 - 15, 2019
SESSION 2: JUNE 16 - 20, 2019

_____
Roommate Request (only one)

I,_____ give my permission to Virginia Swim Camps, Inc. to have
camper's name
_____ professionally treated in case of any emergency.

Parent/Guardian Signature_____

Please forward application and payment payable to:

Virginia Swim Camps, Inc.
3055 Amberfield Trail
Charlottesville, VA 22911
434.964.1235

ATTENTION:

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