THE DOLPHIN SWIMMING CLUB
NASSAU, BAHAMAS

Established 1969

2009 SUMMER SWIM CAMP APPLICATION FORM

The Dolphin Swimming Club 2009 Summer Swim Camp will be held at St. John's College Pool from the June 29th, 2009 through Aug 14st, 2009, Monday through Friday from 9:00am until 12.00.

APPLICANT'S NAME:_____**SEX:**_____
surname first middle

ADDRESS:_____**P.O.BOX:**_____

DATE OF BIRTH:_____**AGE LAST BIRTHDAY:**_____
(day/month/year/)

MOTHER'S NAME:_____**EMAIL ADDRESS:**_____

MOTHER'S PHONE NUMBERS:_____/_____/_____
home work cell

FATHER'S NAME:_____**EMAIL ADDRESS:**_____

FATHER'S PHONE NUMBERS:_____/_____/_____
home work cell

GUARDIAN'S NAME:_____ **EMAIL ADDRESS:**_____
(complete only if applicable)

GUARDIAN'S PHONE NUMBERS:_____/_____/_____
home work cell

PLEASE ENROLL MY SON/DAUGHTER IN THE DOLPHIN SWIMMING CLUB 2009 SUMMER SWIM CAMP: (please tick option and write in desired periods where necessary)

- ❑ 2 WEEKS (10 DAYS)_____$ 150.00
  (please indicate starting date and ending date)
- ❑ 3 WEEKS (15 DAYS)_____$ 220.00
  (please indicate starting date and ending date)
- ❑ 4 WEEKS (20 DAYS)_____$ 275.00
  (please indicate starting date and ending date)
- ❑ Each Additional Weeks_____$ 60.00

ENCLOSED HEREWITH ARE THE FUNDS TO COVER THE 2009 SWIM CAMP FEES

SIGNATURE:_____ **DATE:**_____
Parent/Guardian

ST. JOHNS COLLEGE POOL - P.O. BOX SS-5859 - NASSAU, BAHAMAS
Phone: (242) 424-6658 Email: coachgeoff@dolphinswimmingclub.com
www.dolphinswimmingclub.com

THE DOLPHIN SWIMMING CLUB
NASSAU, BAHAMAS

Established 1969

2009 SUMMER SWIM CAMP HEALTH FORM

APPLICANT'S NAME:_____**SEX:**_____
surname first middle

ADDRESS:_____**P.O.BOX:**_____

DATE OF BIRTH:_____**AGE LAST BIRTHDAY:**_____
(day/month/year/)

HEALTH HISTORY

CHILD'S DOCTOR:_____**PHONE NO.**_____

Name of relative/friend who can easily be contacted in case of emergency if Parent/Guardian is unavailable:
NAME_____**PHONE NO.**_____

1. Does the child have any allergies?

   ❑ **Hay Fever** ❑ **Bee or Wasp Sting** ❑ **Penicillin** ❑ **None**

2. Does the child have any conditions which might appear during swimming such as?

   ❑ **Convulsions** ❑ **Fainting Spells** ❑ **Asthma** ❑ **Heart Trouble**
   ❑ **Seizures** ❑ **Epilepsy** ❑ **None**

3. If the Child has a condition not listed above please give details of the condition in the space below and also advise of the treatment to be undertaken in the event the condition should manifest itself.

   _____

   _____

4. Is the child taking any medication? ❑ **Yes** ❑ **No**

5. If the child is taking medication please give details:_____

   _____

6 Has the child had all immunizations, including a tetanus booster within the last five (5) years?

   ❑ **Yes** ❑ **No**

In the event of an emergency, I give permission for my child to receive medical treatment as needed.

PRINT NAME OF PARENT/GUARDIAN_____

Signature:_____Date:_____
Parent/Guardian

ST. JOHNS COLLEGE POOL - P.O. BOX SS-5859 - NASSAU, BAHAMAS
Phone: (242) 424-6658 Email: coachgeoff@dolphinswimmingclub.com
www.dolphinswimmingclub.com