Camp Dates:
June 28 - July 2, 2004
July 5 - July 9, 2004

Time:
9:00 a.m. – 3:30 p.m.

Location:
Pace University
Goldstein Health, Fitness & Recreation Center
861 Bedford Road
Pleasantville, NY 10570

Ages:
Entrance into Kindergarten as of Fall ‘04 through age 14.

Fee: $650

Discounts:
Early Bird: $600 if received by May 15
Sibling Discount: 10% off each additional child

If you have any questions or need additional information please contact Kate Palladino:
Phone: (914) 773-3280
Email: Kpalladino@pace.edu
**Typical Daily Schedule**

9:00 - 9:15 a.m.  Check-In

Morning Announcements

9:15 - 10:15 a.m.  Group Swim Instruction

10:15 - 11:15 a.m.  Diving

11:15 - 12:15 a.m.  Safety Skills/Dry Land Drills/ *Guard Start

12:15 - 1:15 p.m.  Lunch

1:15 - 2:15 p.m.  Water Games

2:15 - 3:15 p.m.  Special Activity

♦ All swimming is overseen by certified Water Safety Instructors and is based on the American Red Cross Instructor’s Manual.

♦ A Stroke Clinic will be provided for swimmers with Level V proficiency.

♦ Swim caps required for all participants.

**Registration Form**

Name: ____________________________________________

Address: ____________________________________________

City:__________________________________________

St: __________________ Zip: __________ Age: _______ Sex: ________

D.O.B.:______ Grade Level Fall ’04______

Swim Level: I II III IV V

Can your child swim unsupported: Y or N

Parent/Guardian Name(s): _____________________________

Telephone: Day: ____________________ Eve : ______________ Cellular (other): __________________

Email: ____________________________________________

Doctor’s Name:_________________ Phone: __________________

Name of Insurance Carrier: ____________________________

Intrusives, Allergies, Medications, Etc.: ____________________________

Date of last tetanus: ____________________________

Consent to treat: ____________________________

**On a separate piece of paper please list any medical or behavioral concerns**

Emergency Contacts: (if parents cannot be reached)

Name: ___________________ Phone: ______________

☐ Swim Camp $650.00

☐ $80.00 for lunch (optional)

☐ Sibling Discount 10 % off each additional child

☐ Early Bird Special: $600 if received by May 15

**Total** (nonrefundable): __________________________

Make checks payable to Westchester & Fairfield Swimming and Lifeguarding, LTD.

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**Westchester & Fairfield Swimming & Lifeguarding, LTD.**

**At Pace University Waiver & Release Form**

I, _________ (print name) hereby indicate my desire to have my child _________ (print name) participate in the WFS&L camp and use the equipment and facilities of the Ann & Alfred Goldstein Health, Fitness and Recreation Center of Pace University, located on Pace’s Pleasantville, New York campus between June 28 and July 9, 2004. My child’s participation in the WFS&L camp at Pace University and the use of the Fitness Center’s equipment and facilities is completely voluntary. In consideration for permitting my child to participate in the WFS&L camp and being permitted to use the Fitness Center’s equipment and facilities, I agree to the following:

1.) To abide by all of Pace’s applicable policies, rules, regulations and standards of conduct during and in connection with use of the Fitness Center, including but not limited to parking and security policies. I understand that violation of these policies, rules, regulation and standards may result in removal from the Fitness Center and the University’s campuses, without refund.

2.) If ___________ (print child’s name) requires an accommodation due to a disability and/or religious observances for full participation, I will follow the proper procedures for assessment and approval of such accommodation by the necessary administrative parties as reasonable. Such approval of accommodations must be granted prior to use of the Fitness Center’s equipment and facilities. Except as has been confirmed to WFS&L in a writing attached to this Release, ____________ (print child’s name) have no medical or psychological condition that would preclude or limit use of the Fitness Center’s equipment or facilities or participation in any program, and ____________ (print child’s name) is not taking any medication that would impair ability to use the equipment or facilities or participate.

3.) I authorize WFS&L, its employees, agents and representatives to act in any attempt to safeguard and preserve the health and/or safety of ____________ (print child’s name) during use of the Fitness Center’s equipment and facilities or participation in a program offered, including authorizing emergency medical treatment on my behalf and at my expense.

4.) I agree for myself, my heirs and my personal representatives, to hold harmless, and forever release WFS&L and all its officers, agents and employees from and against any and all claims, demands, actions or causes of action, on account of damage to personal property or personal injury which may result from participation in WFS&L Programs and activities and incident there to.

5.) I acknowledge that I have read this entire document and understand its terms.

6.) This release shall be construed in accordance with, and governed by, the laws of the State of New York. Any litigation relating to this Release or the Event shall be conducted in a court of competent jurisdiction in the State of New York, County of New York.

________________________ Patent of Guardian’s Signature