



# Seahorse Swim Camp

Do you want your child to participate on the Dewing Park Swim Team but your schedule won't allow you to commit to swim practice times?

**Now's your chance !**

We'll bring your child to swim practice so you don't have to. When they're not in the pool practicing, they'll have games and crafts that a Keyspot staffer will provide right at the pool. Drop off and pick up your child at Keyspot or at the pool...your choice!

## How Do I Sign Up ?

1. Become A Dewing Park Aquatic Club Member
  - a. Call the Membership Line – (925) 295-2105
2. Sign Up for Swim Team
  - a. Swim Team Coord., Mimi Marinchak – (925) 944-0999
3. Register for Camp Keyspot
  - a. Director, Geoffrey G. Fontanilla – (925) 939-1543

### Seahorse Swim Camp Rates:

Full Day – 7:00am – 6:15pm	\$55/day or \$220/week
Half Day – 7:00am – 12:30pm	\$35/day or \$150/week
15hr Drop-In Coupon	\$100
Drop-In Care	\$7.50/hr

Before and After Swim Camp Day Care available. Call (925) 939-1543 for Registration Packet or more information.

# Parkmead Keyspot Summer Camp 2006



Child's Last Name \_\_\_\_\_

Child's First Name \_\_\_\_\_

DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Grade \_\_\_\_\_

Mother's Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ Home # (       ) \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_ Work # (       ) \_\_\_\_\_

Email Address \_\_\_\_\_ Cell # (       ) \_\_\_\_\_

Father's Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ Home # (       ) \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_ Work # (       ) \_\_\_\_\_

Email Address \_\_\_\_\_ Cell # (       ) \_\_\_\_\_

Child is in the Custody of : \_\_\_\_\_ (circle one)      Father    Mother    Other \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone # (       ) \_\_\_\_\_

Health Ins. Co. \_\_\_\_\_ Policy # \_\_\_\_\_

I have NO health insurance (check here)

In case of emergency, pls take my child to :      Kaiser    J. Muir    Other \_\_\_\_\_

Dentist Name \_\_\_\_\_ Phone # (       ) \_\_\_\_\_

Emergency Contact    (within 10 miles) \_\_\_\_\_

Contact 1 \_\_\_\_\_ Phone # (       ) \_\_\_\_\_

Contact 2 \_\_\_\_\_ Phone # (       ) \_\_\_\_\_

Contact 3 \_\_\_\_\_ Phone # (       ) \_\_\_\_\_

Authorized Pick Up List

Person 1 \_\_\_\_\_ Phone # (       ) \_\_\_\_\_

Person 2 \_\_\_\_\_ Phone # (       ) \_\_\_\_\_

Person 3 \_\_\_\_\_ Phone # (       ) \_\_\_\_\_

Person 4 \_\_\_\_\_ Phone # (       ) \_\_\_\_\_

## **General Permission Form**

I hereby grant my consent to Parkmead Keyspot Inc. to accompany my child away from the Parkmead Elementary School Site for such camp activities as Fieldtrips, overnights, and swimming. I grant my permission for my child to be transported by foot, bike, chartered bus, public transportation, or by private automobile when notified.

I understand that any private automobile, and its driver, used to transport my child, will have insurance that meets or exceeds those of the Walnut Creek School District Guidelines.

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Child's Name

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Signature of Parent or Legal Rep

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Date

## **Parkmead Keyspot Waiver of Liability**

All participation in recreation programs is based on the premise that the participation is purely voluntary. Since participation in virtually all recreation and craft activities involves the assumption of some personal or physical risk, participation in the Parkmead Keyspot constitutes acknowledgement, assumption, and acceptance of that risk by the Legal Parent/Guardian of the child listed below. By signing, the Legal Parent/Guardian certifies that they have read, and are familiar with the contents of this release of liability statement.

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Child's Name

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Signature of Parent or Legal Rep

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Date

## **Dewing Park Aquatic Club Waiver of Liability**

Parkmead Keyspot Inc. has been granted use of the Dewing Park Aquatic Club facilities. DPAC has facilities for swimmers of all ages and skill levels. DPAC abides by all the County regulations and will provide a lifeguard(s) who will be on duty while the children under the Supervision of Parkmead Keyspot Inc. are in the swimming pools.

Parkmead Keyspot Inc. swimmers make use of the DPAC facilities at their own risk and assume all liability for any harm to them resulting from the use of the DPAC facilities. Parents/Legal Guardians of Parkmead Keyspot Inc. swimmers must show proof of medical insurance in order for their child(ren) to use the DPAC facilities.

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Child's Name

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Signature of Parent or Legal Rep

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Date

Child's Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Age: \_\_\_\_\_ Practice Time: \_\_\_\_\_ to \_\_\_\_\_

**Hours of Operation**

**Monday – Friday**  
**Full Day: 7:00am – 6:15 pm**  
**Swim Camp Only – 7:00am – 12:30pm**

**Fees**

**Registration Fee: Waived**  
**Full Day: \$55/day or \$220/week**  
**½ day AM (7:00am – 12:30pm): \$35/day or \$120/week**  
**15 hour Coupon: \$100 each (Due Upon Registration for Camp)**

**Summer Schedule**

Please mark each day with an...

“X” = Full Day

“AM” = ½ Day AM

Hours of attendance = Use Hourly Coupon

Example

AM
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Indicates  
“1/2 Day  
AM”

Add up your tuition due for the week on the right. Add up your total Tuition for the summer at the bottom.

Session/ Date	Mon	Tues	Wed	Thu	Fri	Tuition Due	Due Date
<b>I</b> 6/19 – 6/23						\$	6/1/2006
<b>II</b> 6/26 – 6/30						\$	6/1/2006
<b>III</b> 7/3 – 7/7		No Camp				\$	6/1/2006
<b>IV</b> 7/10 – 7/14						\$	7/1/2006
<b>V</b> 7/17 – 7/21						\$	7/1/2006
<b>VI</b> 7/24 – 7/28						\$	7/1/2006
<b>VII</b> 7/31 – 8/4						\$	8/1/2006
<b>VIII</b> 8/7 – 8/11						\$	8/1/2006
<b>IX</b> 8/14 – 8/18						\$	8/1/2006

<b>Subtotal Tuition Due</b>	\$
<b># of 15 Hour Coupons _____ x \$100</b>	\$
<b>Total Tuition Due</b>	\$

**Check Amount:** \$ \_\_\_\_\_ **Check #:** \_\_\_\_\_ **Date:** \_\_\_\_\_