

Official SWIM Registration Form - Page 1

Every adult is required to work at least 3 volunteer jobs to keep costs low.

Step 1: Who's Sending in the Form?

Use separate Registration Forms for different address, but submit them together.

Your Name _____
 Address _____
 City/State/ZIP Code _____
 Home Phone _____
 Work Phone _____
 Email Address _____

Are you willing to have weary travellers stay at your home January 1st? Y/N

Volunteer Jobs & Times

	Tue	Wed	Thu	Fri	Sat	Sun
Breakfast 7am – 10am		B1	B2	B3	TEENS	B5
Lunch 11:30am – 2:30pm		L1	L2	L3		L5
Dinner 4:30pm – 7:30pm	D0	D1	D2	D3		D5
Serendipity 8pm – 11pm	S0	S1	S2	S3	S4	S5
Serendipity 11pm – 2am	X0	X1	X2	X3	X4	X5
Serendipity Cleanup 2am+	C0	C1	C2	C3	C4	C5
Info Desk 9am – 12:30pm		M1	M2	M3	M4	M5
Info Desk 12:30pm – 4:30pm		A1	A2	A3	A4	A5
Info Desk 4:30pm – 8pm	E0	E1	E2	E3	E4	E5

Step 2: Who's Coming to SWIM?

This form has space for five people at the same address registering together. See next page for each participant's Activity Fees.

Participants Names	1st SWIM? Y/N	Gender F/M	Birthday	Age	Dorm Preferences	Volunteer Jobs (3)	Food Choice	Registration + Activity Fees	Room & Board Fees
								\$	\$
								\$	\$
								\$	\$
								\$	\$
								\$	\$
								Due Now	Due at SWIM
Room Preferences: (C)amping, (W)omen, (M)en, (Q)uiet Coed Adult, (N)oisy Coed Adult, (T)een, (F)amily Food Choices: (V)egetarian, (M)eatavore, (O)mnivore									
Subtotal								\$	\$

Step 3: How Are You Getting To SWIM?

On December 10th, Vonnice Hicks will compile all carpool info and send a list by snail mail or email to all carpools. Call or email for last minute needs.

Carpool? Need... Offer... a ride between _____ and SWIM. I plan to leave on _____ at _____ am/pm, and that can vary by _____ hours. I can/ I cannot... I do/ I do not need... help driving. Vehicle _____ Spaces _____

Flying? Please expect me On the Dec. 26th Noon SWIM Shuttle On the Dec. 26th 4pm Shuttle To make other transportation arrangements
 When I leave SWIM, please expect me On the Jan. 1st 9am SWIM Shuttle On the Jan. 1st Noon SWIM Shuttle To make other arrangements
 Arrival _____ Airline _____ Flight # _____ Departure _____ Airline _____ Flight # _____

Early, on December 25th? I would like to Join the Miami UU Church for Christmas Dinner (\$8 adult, \$5 child)
 Request Home Hospitality (Deadline Dec. 10th, \$8 person) Offer Home Hospitality since I live in Miami
 Do you have any special Home Hospitality needs? _____

Due Now
\$

Step 4: Totals

Please finish marking all your selections and then total the "Due Now" and "Due at SWIM" columns

SWIM Mugbooks: The SWIM photo directory (\$5/each due now) I would like _____ SWIM 2000 Mugbooks

Due Now
\$

SWIM Long Sleeve T-shirts: I would like: ___ XXL ___ XL ___ L ___ M ___ S ___ XS (\$15/each due at SWIM)

SWIM Short Sleeve T-shirts: I would like: ___ XXL ___ XL ___ L ___ M ___ S ___ XS (\$12/each due at SWIM)

Contribution to the SWIM Scholarship Fund: I would like to contribute \$ _____ to help others.

Due at SWIM
\$

Step 5: Checklist Before Mailing

- I've filled out every space on this page and added up all totals. I've enclosed a check for the **Total Due Now**
 - Each person above has filled out an Activities Form I've included a **Notarized** Parent's Release for ALL minors
 - I've included an Emergency Release for ALL participants I've used separate forms for different addresses
 - For Priority Mail/FedEx, I've sign the "waiver of signature" and I'm mailing it so it will arrive before Dec. 23rd
 - I've included a **Notarized** Release for Children Attending SWIM With Someone Other Than A Parent for each minor not attending with a parent
- Mail Registration Forms, with check payable to SWIM, to SWIM c/o Marty McNulty, Registrar, 3047 Garfield Street, Hollywood, FL 33021

Total	Total
Due Now	Due at SWIM
\$	\$

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Step 2 1/2: What Activities Do You Want To Sign Up For?

Copy This Page As Needed. Please Read the Refund Policy. We do expect that everyone who signs up for an activity will participate.

Participant's Name _____

I can help with trips

I can drive on trips Driver's License # _____ Auto Insurance Company _____

First Choice Activities				Alternate Choices	
Number	Workshop or Outdoor Trip	Day & Time	Fee	Number	Workshop or Outdoor Trip
Activities Fees Due Now					

Participant's Name _____

I can help with trips

I can drive on trips Driver's License # _____ Auto Insurance Company _____

First Choice Activities				Alternate Choices	
Number	Workshop or Outdoor Trip	Day & Time	Fee	Number	Workshop or Outdoor Trip
Activities Fees Due Now					

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Please fill out a COPY of this page for EVERY participant – Adults & Children – making copies as needed

Please fill out ALL SPACES on form – If a line is NOT APPLICABLE, please write in “N/A”

Emergency Release Form – Make Copies for Each Participant – Please have ALL participants sign these forms in all places.

All registrants must complete this emergency release form and submit it with the completed registration.

Registrant's Name

In case of emergency notify (someone not at SWIM):

Contact Name

Contact's Phone #

SWIM medical/nursing volunteers are authorized to provide or obtain medical treatment as necessary should I be ill or injured and unable to state my preferences. I hereby release SWIM from any liability associated with activities at camp or on SWIM sponsored trips.

Signature

Witness

The breaking of alcohol, drug, and other local laws will not be tolerated. The carrying of firearms shall not be permitted. The staff and board are all committed to compliance with these laws and, in fact, may not allow violators to remain at SWIM. Please note that a new Florida law makes it illegal for persons under the age of 18 to possess tobacco products and also illegal for anyone older to provide such items for them.

I have read the paragraph above and I understand and agree with the policy stated therein.

Signature

Witness

SWIM MEDIC'S INFORMATION SHEET – SWIM 2000 – Please have ALL Participants sign these forms in all places.

This is for SWIM STAFF use in case of emergency. If any information changes, please make corrections during Registration on Dec. 26th.

Primary Physician

Physician's Phone #

Pharmacy

Pharmacy's Phone #

Insurance Company and Policy Number

Insurance Company's Phone #

Diagnosis

Allergies

Medications

Any Other Medical Information (Attach Additional Sheets As Needed)

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Parent's Release For Children Under 18 Years of Age must be SIGNED

Parent's Release For Children Attending SWIM with Someone Other Than A Parent must be NOTARIZED

Parents and guardians of teens ages 13 to 17 MUST attend orientation in the Teen Dorm at 9:30PM, December 26th.

Parents and guardians of children ages 3 to 12 MUST attend orientation in the Craft Room at 8:30AM, December 27th.

Parent's Release For Children Under 18 Years of Age

I, _____ the parent/legal guardian of _____,
(parent's/legal guardian's full name) (child's full name)

a minor, hereby grant my child/minor permission to participate and attend any and all activities associated with SWIM from December 26, 2000 through January 1, 2001. My child/minor has permission to participate S.W.I.M. activities both on and off the camp Owaissa Bauer site, including, but not limited to the following: attendance at field trips anywhere in or outside of Dade County, Florida; participation and attendance in any and all sporting activities and games that include swimming and bicycling; participation and attendance at any and all religious or spiritual consciousness raising activities; and transportation to any of said activities by any means; provided that my child/minor will be under the care and supervision of a S.W.I.M. staff member while participating in said activities. I give my child/minor permission to participate in said activities regardless of whether such activities continue past local curfew provided that my child is under the care and supervision of a S.W.I.M. staff member. When my child/minor is not participating in said activities, he/she will be under the care and supervision of either myself or his/her guardian appointed by me. In giving this permission to my child/minor to participate in the activities associated with S.W.I.M., I realize that the risk of injury to my child/minor resulting from participation in said activities is minimal but that risk cannot be completely eliminated, therefore, I hereby release S.W.I.M. from any liabilities associated with my child's/minor's participation in said activities provided that such liabilities did not result from gross negligence on the part of S.W.I.M. or any of its staff in the supervision of my child/minor during the course of said activities.

Signature of Parent/Guardian

State, Country & Date

Parent's Release For Children Attending SWIM with Someone Other Than A Parent

_____ is hereby authorized to act as guardian with full authority to act for health, medical,
(legal guardian's full name)

care, and deeds for my child/children _____
(child's/children's full name)

from December 26, 2000 through January 1, 2001 while attending SWIM activities for said child/children.

Signature of Parent/Guardian

State, Country & Date

Before me, _____ personally appeared and presented _____,
(Parent's/Legal guardian's full name) (form of ID)

as identification or is personally known to me and did not take an oath, this day of _____ 2000.
(month & day)

Notary Public My Commission Expires: _____
(month, day & year)

I agree to be responsible for this child/children while attending SWIM. I am aware that this means that I will be entirely responsible for this child/children in case of illness, injury, or dismissal from SWIM, and during any time when the child/children is not involved with planned SWIM activities.

Signature of SWIM Guardian

State, Country & Date

Before me, _____ personally appeared and presented _____,
(SWIM guardian's full name) (form of ID)

as identification or is personally known to me and did not take an oath, this day of _____ 2000.
(month & day)

Notary Public My Commission Expires: _____
(month, day & year)