

General Camp Information

Meeting Time:

9:00 am—3:00 pm
Extended Camp Care is available from
8AM-5:30PM @ \$10/hour

Lunch:

Campers bring their own snack & lunch.

Location:

Pace University
Goldstein Recreation Center
861 Bedford Road
Pleasantville, NY 10570

Age:

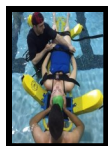
Ages 5 thru 15

Fee:

\$525/weeks 2, 3, 4 & 5
\$420 week 1 (four days)

Complimentary t-shirt for all campers.

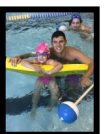
Also Offered through Westchester & Fairfield



Lifeguard Training (must be 15
by last day of class)



CPR & AED for the Professional
Rescuer



Water Safety Instructor (must be
16 by last day of class)

If you have any questions please contact
Katherine Palladino at:
Phone: (914) 760-6493
Email: kpalladino@westfairswim.com
www.westfairswim.com



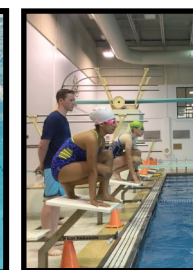
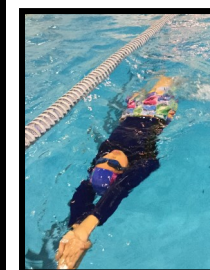
**Westchester & Fairfield
Swimming and Lifeguarding
P.O. Box 34
Pleasantville, New York 10570**



Westchester & Fairfield

Swimming and Lifeguarding

**Swim Camp
July 1-August 2, 2024
Weekly Availability**



**WESTCHESTER & FAIRFIELD
SWIMMING AND LIFEGUARDING**

Westchester & Fairfield Swim Camp

Typical Daily Schedule

9:00 – 9:15 am	Check In
9:20 – 10:00 am	Group Swim Instruction
10:05 – 10:50 am	Diving, Starts & Turns, Snorkeling & More Field Games
10:55 – 11:40 am	Lunch
11:45 – 12:25 pm	Fun Fitness
12:30 – 1:15 pm	Special Activity
1:20 – 2:05 pm	Water Safety & Games, Life guard Foundational Skills
2:15 – 3:00 pm	

- All swimming is overseen by certified Water Safety Instructors.
- Daily intensive swim instruction geared to all levels.
- Comprehensive preparation for summer swimming.
- Great supplement for summer swim team.
- Camp emphasis on swimming, but additional activities included.
- Extended care hours available.



Please check weeks attending.

- ☐ Week 1: July 1-July 5, no camp July 4
☐ Week 2: July 8-July 12
☐ Week 3: July 15-July 19
☐ Week 4: July 22-July 26
☐ Week 5: July 29-August 2

*The more weeks the better, but minimum of 2 weeks strongly recommended.

Registration Form

PLEASE PRINT LEGIBLY !

Name: _____
 Address: _____
 City: _____ ST: _____ Zip _____
 Sex: _____ DOB: _____ Age: _____
 Current Grade Level: _____
 Circle Shirt Size: S M L Youth or Adult
 Parent / Guardian Name(s): _____
 Phone Day: _____
 Phone Evening: _____
 Cell Phone (other): _____
 Email: _____
 Doctor's Name: _____
 Phone: _____
 Name of Insurance Carrier: _____
 Illnesses, Allergies, Medications, Etc: _____
 Date of last tetanus: _____
 Signature for Consent to Treat: _____
 To best serve your child, are there any special be-
 havioral or medical needs? Y or N _____
 Emergency contact: (if parents cannot be reached)
 Name & Phone: _____
 How did you hear about us? _____

Mail check payable: Westfair Swim & LGT
 Check # _____ Total _____

-Fee: \$420 week 1; \$525 weeks 2,3,4 & 5

-5% Early Bird Discount available for multiple
 week registrations and with payment by check
 only. Must be received by March 15.

-Multiple week registrations open anytime. Single
 week registrations open March 15.

Credit Card # _____

Type: MC Visa Code _____ Exp _____

Signature: _____

Westchester and Fairfield Swimming & Lifeguard (WFS&L) Release

I, _____ (print parent's name) hereby acknowledge that any athletic
 training or demonstration or participation program may involve certain
 risks to any participant including, without limitation injury to person or to
 personal property. I fully understand these risks and voluntarily wish to
 have my child, _____ (print child's name) participate in the WFS&L
 swim camp at Pace University on _____ (print dates). I fully under-
 stand and hereby acknowledge that the camp is not conducted, supervised,
 or endorsed by Pace University, and that WFS&L is not in any way a
 partner or joint venturer of, or otherwise connected to or controlled by
 Pace University. In consideration of _____ (print child's name) being
 permitted to participate in camp, I hereby agree to assume all the risks and
 responsibilities surrounding such participation undertaken as an adjunct
 thereto, including, without limitation, those of injury to person or personal
 property; and further, for myself, my heirs, personal representatives, and
 assignees. I hereby agree to defend, hold harmless, indemnify, release
 forever, and forever discharge WFS& L, Pace University and all their
 trustees, officers, agents, and employees from and against any and all
 threatened and imposed claims, demands, and actions or causes of action,
 on account of damage to personal property, or personal injury which may
 result from the aforesaid participation and activities incident thereto.
 Further, it is hereby certified that the above-named participant has no
 medical or psychological conditions which would preclude such participa-
 tion. I hereby authorize Pace University through its authorized agents to
 secure for _____ (print child's name) any emergency medical treat-
 ment that becomes or that may become necessary as a result of participa-
 tion in camp. WFS&L retains the rights to any photographs of partici-
 pants to be used for advertising or publicity.

I acknowledge I have read and understand this document.

Signature of parent or guardian & Date