

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:

\$565/week

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



RTE (Responding to Emergencies)



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
June 29-July 31, 2026
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, Lifeguard skills & More
10:55 – 11:40 am	Field Games
11:45 – 12:25 pm	Lunch
12:30 – 1:15 pm	Fun Fitness
1:20 – 2:05 pm	Special Activity
2:15 – 3:00 pm	Water Safety & Games

- 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: June 29-July 3
- ____ Week 2: July 6-July 10
- ____ Week 3: July 13-July 17
- ____ Week 4: July 20-July 24
- ____ Week 5: July 27-July 31

*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 behavioral 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: \$565/week

-5% Early Bird Discount available for multiple week registrations and with payment by check only. Must be received by 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 understand 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 participation. I hereby authorize Pace University through its authorized agents to secure for _____ (print child's name) any emergency medical treatment that becomes or that may become necessary as a result of participation in camp. WFS&L retains the rights to any photographs of participants to be used for advertising or publicity.

I acknowledge I have read and understand this document.

Signature of parent or guardian & Date