

the official SWIM registration form!

Page Reg 1

Step 1: Who's Sending in the Form? (Only one copy of this page per address)

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

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

Are you willing to have weary travelers stay at your home January 1st? Yes / No

Step 2: Who's Coming to SWIM together?

Travel Cell Phone # _____

This form has space for five people at the same address registering together. Please enter each participant's subtotals from Step 3 on Pg 4.

Participants Names	1st SWIM?	Gender F/M/T	Dorm Choice	Food Choice	Date of Birth	Age on 12/26/15	Adult Youth Teen cost	Single day Fees	Activity Fees Step 3, Page 4	Meals/sleep discount
							\$	\$	\$	\$
							\$	\$	\$	\$
							\$	\$	\$	\$
							\$	\$	\$	\$
							\$	\$	\$	\$

Lodging: Cabins: (W)omen, (M)en, (Q)uiet Coed Adult, (N)oisy Coed Adult, (F)amily, (T) Tent, (RVH) RV-Hookup, (RVN) RV-No hook up

Food Choices: (V)egetarian, (O)mnivore, (A) Allergies (specify on page 2).

Step 3 is on Page 4.

Step 4: How Are You Getting To SWIM?

On Dec. 5th, Jerry Elsenrath will compile all carpool info and email carpools. Call or email for last minute needs.

Carpool? ☐ Need... ☐ Offer... a ride between SWIM and _____

I plan to leave on _____ at _____ AM/PM, and that can vary by _____ hours.

I think ☐ I can/ ☐ I cannot... ☐ I do/ ☐ I do not need... help driving. Vehicle _____ Spaces _____

Days Total	Activity Total
\$	\$
1/2 SWIM Total	1/2 SWIM Total
\$	\$

Flying into Tampa: If you want to attend the Christmas Dinner on December 25 and/or ride from Tampa International Airport to Cloverleaf Camp in Lake Placid on December 26 and/or ride back to TIA on January 1, please contact Director, Candy Gale, director@swimuu.org, to make those arrangements.

Train into Sebring: If you are taking a train to Sebring, please contact Ms. Information, Mary Ann Somervill at info@swimuu.org for a possible shuttle to camp.

Christmas Dinner and travel to and from camp are **NOT** a part of your registration for SWIM and are not to be processed here.

- ☐ Donate \$ _____ to the SWIM Scholarship Fund to help others go to SWIM?
☐ Donate \$ _____ to the Pete Leary Scholarship Fund to help musicians go to SWIM?

Step 7: Checklist Before Mailing

- ☐ I've filled out every space on this page and added up all totals.
☐ I've enclosed a check payable to SWIM for the Total Due Now
☐ Each adult has filled in workshop, adventure, t-shirt, mugbook, & volunteer preferences in Step 1
☐ Signed Parent's Release for ALL minors
☐ Notarized Release for Children Attending SWIM With Someone Other Than A Parent for each minor not attending with a parent
☐ Signed Emergency Release for ALL participants
☐ I've used separate forms for different addresses
☐ I'm mailing these forms so they will arrive before Dec. 19th
☐ For Priority Mail/FedEx, I've signed the "waiver of signature"
- Also - please bring donations of items for the SWIM Auction!

☐ Mail Registration Forms, with check, to...
SWIM Registrar
 c/o Jerry Elsenrath
 8708 N. Lynn Avenue
 Tampa, FL 33604-1316

Step 3, Pg 4	← Caps + TA
\$	
Donate to SWIM	Donate to SWIM
\$	\$
Pete Leary Scholarship Fund for Musicians	
\$	\$
Total Due Now	Total Due at SWIM
\$	\$

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Step 5: Fill Out the Emergency Release Form & First Aid Information

* please make copies or additional printouts of this page (online at swimuu.org) for EVERY participant!

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"

Signed Emergency Release Form – Please have form filled out and signed in all places for each participant

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

Registrant's Name: _____ Date of Birth (MM/DD/YY): _____

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

Contact Name: _____ Contact's Phone Number: _____

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: _____ Date: _____ Witness: _____ Date: _____

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 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. Please read the section in this brochure on SWIM Community Behavioral Expectations. Please sign below to indicate that you have done so and are willing to abide by these policies and exoectations.

Signature: _____ Date: _____ Witness: _____ Date: _____

First Aid Information Sheet – Please have form filled out and signed in all places for each participant

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

Primary Physician: _____ Physician's Phone Number: _____

Pharmacy: _____ Pharmacy's Phone Number: _____

Insurance Company Name / Phone Number/ Policy Number : _____

Medical Conditions: _____

Allergies: Food _____

Other _____

Medications: _____

Any Other Medical Information (Attach Additional Sheets As Needed): _____

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Step 6: Fill Out Releases For Minors

* please make copies or printouts of this page (online at swimuu.org) for each participant under age 18!

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

Please see page 11 for Behavior Policy

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 participating in the Teen Program MUST attend orientation in the Teen Dorm at 9PM, December 26th.

Parents and guardians of children ages 3 to 13 participating in the ~~Children~~ Program MUST attend orientation in the ~~Craft~~ room at 7PM, December 26th.

Signed Parents 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 the Southeast Unitarian Universalist Winter Institute, Inc., at Camp ~~Chocoma~~ Cloverleaf (hereunder, "SWIM") from December 26, 2015 through January 1, 2016. My child/minor has permission to participate in SWIM activities both on and off site of the Camp ~~Cloverleaf~~ Cloverleaf location including, but not limited to the following: attendance at field trips anywhere in or outside of ~~Alachua~~ Alachua County, Florida; participation and attendance in any and all sporting activities and games that include swimming, canoeing, sailing, 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 SWIM 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 SWIM 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 SWIM, 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 SWIM 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 SWIM or any of its staff in the supervision of my child/minor during the course of said activities. I have reviewed the SWIM brochure and understand the activities schedule for my child's/minor's programs. I understand that a parent or guardian for my child/minor is required to attend all listed and announced meetings at SWIM for parents and guardians. I will alert staff immediately about any special issues or concerns regarding my child/minor at SWIM.

Notarized 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 care, and deeds for my child/children _____ from December 26, 2015 through January 1, 2016, while attending SWIM activities for said child/children and traveling to and from SWIM.

Date: _____

Signature of Parent/Guardian

Attention SWIM Guardians: If you chose to become a Guardian for any minor at SWIM, we certainly appreciate your assistance to the SWIM Community; however, you are also assuming responsibility for this young person. In awareness of this responsibility we suggest that you:

- Limit the number of youth/teens for whom you are responsible.
- Attend any meetings pertinent to your charge/s and their activities.
- Have detailed contact information for the parents or legal guardians for yourself and available to SWIM in case contact with them is necessary. Be aware that should illness, injury, or behavior require removal of your charge(s) from SWIM, YOU MAY BE REQUIRED to accompany them back to their parents/guardians.
- Stay in touch with your charge/s during the week.
- Know where they are and let them know where you will be.

By signing below, I agree to be responsible for this child/children while attending SWIM and I am aware that this means that I will be entirely responsible for this child/children in case of illness, crisis, injury, or dismissal from SWIM, and during any time when the child/children is/are not involved in supervised youth programs or teen programs. I have reviewed the SWIM brochure and understand the activities schedule for these programs and the responsibilities of being a guardian. I understand that a parent or guardian is required to attend all listed and announced meetings for parents and guardians during SWIM and I will alert staff immediately about any special issues or concerns regarding my child/minor at SWIM.

Signature of SWIM Guardian: _____

Before me, _____
(Parent/Legal Guardian's full name)
presented _____ (form of ID) or is
personally known to me and did not take an oath, this
_____ day of _____, 2015
Notary Public: _____
State/Prov _____ Country _____ Date _____
My comission expires: _____

Before me, _____
(Guardian's full name)
presented _____ (form of ID) or is
personally known to me and did not take an oath,
this _____ day of _____, 2015

Notary Public: _____
State/Prov _____ Country _____ Date _____
My comission expires: _____

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Step 3: What Do You Want To Do At SWIM?

* please make copies or additional printouts of this page (online at swimuu.org) for EVERY TWO participants!

My Name is...

My Email Address is...

There is no charge for the electronic mugbook or memory book. We have a limited number of SWIM T-shirts and caps. Cost is \$15.00 for both a shirt and cap, or \$10 for a shirt alone and \$10.00 for a cap alone. Only standard short sleeve shirts are available. Please specify the size/s you are ordering, from children's S, M, L and adult S, M, L, XL, XXL, XXXL. Preordering is **highly** recommended to insure getting what you want. I want to order _____ t-shirt/s in sizes _____. I want to order _____ caps. OR I'd rather bundle and order shirt and cap with shirt/s in size _____.



Caps, Ts
Total

Workshops & Outdoor Adventure Trips for Me

Number	Workshop or Trip Name	Days	Times	Fees
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$

Assist. Shift (1 per adult)

	Alternate
--	-----------

Co-op Shift (adults in Family Dorm)

	Alternate
--	-----------

Shift Codes: Use these to mark your preference

Every adult works 1 volunteer job to keep fees low.

Assist. Jobs & Times	Fri	Sat	Sun	Mon	Tue	Wed
Breakfast 7am - 10am		B1	B2	B3	B4	B5
Lunch 11:30am-2:30pm		L1	L2	L3	L4	L5
Dinner 4:30pm-7:30pm	D0	D1	D2	D3	D4	D5
Serendipity1 8:30-11:30	S0	S1	S2	S3	S4	S5
Serendipity2 10:30-1:30	C0	C1	C2	C3	C4	C5
Staff are expected to cover an info desk shift.						
Info Desk 9am-12:30pm		M1	M2	M3	M4	M5
Info Desk 12:30-4:30pm		A1	A2	A3	A4	A5
Info Desk 4:30pm-8pm	E0	E1	E2	E3	E4	E5

Activity Fee
Subtotal

\$

Hmm, I think ☐ I can help with trips! ☐ I can drive on trips!

My Driver's License Number is _____

My Auto Insurance Company is _____

Please read the Refund Policy and watch for conflicting activities.

My Co-Registrant's name is...

Co-Registrant's Email is...

Activity Fees
and cap
& T-shirt
Fees will be
totaled on
page 1.



Caps, Ts
Total

There is no charge for the electronic mugbook or memory book. We have a limited number of SWIM T-shirts and caps. Cost is \$15.00 for both a shirt and cap, or \$10 for a shirt alone and \$10.00 for a cap alone. Only standard short sleeve shirts are available. Please specify the size/s you are ordering, from children's S, M, L and adult S, M, L, XL, XXL, XXXL. Preordering is **highly** recommended to insure getting what you want. I want to order _____ t-shirt/s in sizes _____. I want to order _____ caps. OR I'd rather bundle and order shirt and cap with shirt/s in size _____.

Workshops & Outdoor Adventure Trips for Another

Number	Workshop or Trip Name	Days	Times	Fees
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$

Assist. Shift (1 per adult)

	Alternate
--	-----------

Co-op Shift (adult in Family Dorm)

	Alternate
--	-----------

While I'm thinking about it, this person...

☐ can help with trips! ☐ can drive on trips!

DL# is _____

Insur Co is _____

Activity Fee
Subtotal

\$

If offering to drive, please have your driver's license copied at registration.