

# Welcome to the Fusion Swim Camps

**Cate School**  
Carpinteria, CA

July 24 - 28

We're looking forward to seeing you at camp this summer! We hope that this camp will be an unforgettable and exciting experience for you to improve your skills and work with some of the top coaches from across the country!

Please read the packet below as this information is extremely important. Feel free to call us with any questions at 800.944.7112 or email us at [support@fusionswimcamps.com](mailto:support@fusionswimcamps.com). This packet can be downloaded at [www.FusionSwimCamps.com](http://www.FusionSwimCamps.com), under "Download Forms".

## Check In

Check in for Overnight Campers: July 24 at 9am-10am for at the dorms.  
Half Day, Full Day, and Extended Day check in is at 10-10:30 am.

## Camp Departure

Half Day Campers: 12PM each day.  
Full Day Campers: 5 PM each day.  
Extended Day Campers: 9 PM each day  
Parents are encouraged to attend the final session on the last day for the closing ceremony.  
Last Day of Camp- July 28 check out on last day is at 12 PM. We can set up a late pick up if needed.

## Camp Address

1960 Cate Mesa Road  
Carpinteria, CA

## Camp Phone Number

Fusion Swim Camps Office: 800.944.7112  
Director – Erik Hansen  
Cate Sports Academy Coordinator:  
Jessica Seriano 805-684-4127ext134

## Health Form

**IMPORTANT!** Campers will not be admitted to camp without this form!

Fusion Swim Camps Health Form

- Please fill out and **bring to check in on the first day of camp.**

## Health & Safety

We want to ensure your child a safe and positive environment during their time at camp. Drugs, alcohol and cigarettes are

strictly forbidden, and will result in immediate dismissal from camp without a refund.

## Transportation

Fusion Swim Camps does not provide transportation from airports, train stations or bus stops.

## Payments

Final Payments are due in our office by **May 15<sup>th</sup>**. If you have a balance and would like us to charge it to your credit card, please call us at 800.944.7112.

## Cancellation Policy

Any camper who must cancel prior to camp will receive a camp credit equal to the amount of camp tuition already paid. The credit is transferable to another family member and is good for any Fusion Swim camp through next summer (agreement begins at time of purchase). Any cancellation within 5 days of the start of camp will result in a camp credit minus \$100 cancellation fee. Camp credits are not extended to campers who leave camp after the start of a session. CASH/CREDIT CARD REFUNDS ARE NOT OFFERED UNDER ANY CIRCUMSTANCE.

## Don't Forget to Tell Your Friends!

Space is still available so remember to tell your friends and teammates about the camp! They can register over the phone or online at [www.FusionSwimCamps.com](http://www.FusionSwimCamps.com).

### **Packing List**

- Health Form
- Swim suit/swim cap
- Water jug
- Athletic Socks
- T-Shirts
- Shorts
- Sweatshirt
- Off-Field Clothes
- Pajamas
- Bedding Linens
- Blanket/Sleeping Bag
- Pillow
- Shower Towel
- Toiletries
- Alarm Clock
- Sunscreen
- Spending Money – we recommend bringing no more than \$50
- Key Deposit Check – made out to “Fusion Swim Camps”
- Hat

### **Spending Money and other Valuables**

It is not recommended that excessive amounts of cash be brought to camp. Please remind your camper to keep any spending money in a secure place.

We also try to discourage campers from bringing electronic devices such as ipods and laptop computers. Fusion Swim Camps are not responsible for the theft or loss of personal items.

### **Directions to Cate School**

If you are driving to Cate, the School is easily accessible off Highway 101.

If you are flying first to Southern California, the Santa Barbara airport (SBA) is a 30 minute drive from the Cate campus and the Los Angeles airport (LAX) is a 2 hour drive from Cate.

If you are accompanying your child to camp, please plan to arrive to Cate between 9 and 10 am for boarding campers and 10 and 10:30am for day campers on the first day of the session and between 4 and 5:30pm on the last day of the session.

If your child will be flying as an unaccompanied minor, please notify Jessica Seriano ([jessica\\_seriano@cate.org](mailto:jessica_seriano@cate.org)). We will pick up campers from the Santa Barbara airport for a fee of \$150 and from LAX in Los Angeles for a fee of \$200. For those taking the Santa Barbara Airbus from LAX to Carpinteria, we will pick up campers in Carpinteria for a fee of \$25. Once you have arranged your travel information, please let Jessica Seriano know.

**Campus Map-** <http://www.cate.org/wp-content/uploads/2016/10/CateMap-v7.pdf>

## Fusion Swim Camps Summer Camp Health Record and Release Form

Every camper must have this health record filled out for camp and brought to camp check-in. Camps held in the following states require this form to be completed and signed by a physician before your child can participate at summer camp (CT, MA, NY, RI).

*PLEASE DO NOT MAIL AHEAD.*

Camp Attending: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First M.I.

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (Home): \_\_\_\_\_

Phone (Cell): \_\_\_\_\_

Phone (Work): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (Home): \_\_\_\_\_

Phone (Cell): \_\_\_\_\_

### Health History

\_\_\_\_ May Participate in all camp activities

\_\_\_\_ May participate except for \_\_\_\_\_

Does this individual have allergies? YES NO

Explain: \_\_\_\_\_

Is this individual on a special diet? YES NO

Explain: \_\_\_\_\_

Does the individual have special needs? YES NO

Explain: \_\_\_\_\_

I have examined the above camper within the past two years.

Date Examined \_\_\_\_\_

Physician's Signature \_\_\_\_\_

Physician's Name \_\_\_\_\_

Today's Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

### Immunization History (Please List Dates)

*Copy of Immunization Record Preferable.*

DPT \_\_\_\_\_ Booster \_\_\_\_\_

DT \_\_\_\_\_

Polio OPV (Sabin) \_\_\_\_\_ Booster \_\_\_\_\_

Measles/Mumps/Rubella (MMR) #1 \_\_\_\_\_ #2 \_\_\_\_\_

Hepatitis B #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_

Chickenpox \_\_\_\_\_

Tetanus \_\_\_\_\_

Turberculin \_\_\_\_\_

Pneumococcal Conjugate \_\_\_\_\_

Haemophilus Influenza b (HIB) \_\_\_\_\_

### Insurance Information

Health Insurance Provider: \_\_\_\_\_

Policy/ID Number \_\_\_\_\_

Policy Holder's Name & DOB \_\_\_\_\_

Insurance Provider Contact: Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

*Please include a photocopy of your Health Insurance card for our records.*

### Parent's Authorization

This health history is correct so far as I know, and the person herein described has permission to participate in all activities except as noted. I give my child permission to be treated by emergency response personnel. I understand that every attempt will be made to contact me, or the emergency contact, before taking this action. I hereby waive and release the Fusion Swim Camps, staff, camp management and sponsors from any liability for any injury or illness incurred while at camp. I UNDERSTAND THAT THERE IS A RISK OF INJURY TO MY CHILD AS A RESULT OF CAMP ACTIVITIES, AND KNOWINGLY AND VOLUNTARILY ASSUME ALL RISK OF SUCH INJURY. I will be financially responsible for any medical attention needed during camp.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*NOTE\*\*\* All medication will be checked and kept by the trainer. All prescription medications must be in their original case/box with the legible prescription label; including inhalers. The "prescribers authorization form" must accompany all medication and requires the physician's signature in CT, MA & NY. **The Administration of Medication Form must accompany all medication for camps in CT.** This form is available for download on FusionSwimCamps.com