

WELCOME TO THE FUSION SWIM CAMPS

University of Denver
Denver, CO

Start & Turn Clinic June 17th
Stoke Camp June 18th – 21st

- We are looking forward to seeing you at camp this summer! Please read the enclosed information carefully. If you have any questions, please call us at 1-800-944-7112. This entire packet is downloadable at FusionSwimCamps.com under “Forms”.
- **Check-In- Overnight, Extended Day & Day Campers** will check in at Centennial Halls. On the first day of camp, check-in is from 12:00-1:00pm; day & extended day campers should arrive at 1pm.
- **Camp Departure-** 12:00 pm on the last day of camp. Parents are invited to watch that morning’s session beginning at 9:30 am at the El Pomar Natatorium in the Ritchie Center.
- **Start & Turn Clinic-** This is an “add-on” program and lasts from 9am – 3pm on Saturday. You must pre-register if you would like to attend. We will have workouts Saturday morning and afternoon. This clinic is designed to work on the back & freestyle stroke starts, underwater kicking, flip & open turns. Film, Dry & technique training included. Lunch is included for all campers.
- **Extended Day Campers-** After Sunday, you will arrive at the pool on Monday at 9:00 am dressed to swim. Pick-up will be at 8:00 pm at the dorm after the evening activities. Lunch and dinner is included. During breaks your central location will be the dorm lounge, so bring a deck of cards, game or book to stay engaged when not in an organized activity.
- **Day Campers –** After Sunday, you will arrive at the pool on Monday at 9:00 am dressed to swim. Pick-up will be at 4:30 pm El Pomar Natatorium—the Ritchie Center. Lunch is included. During breaks your central location will be the dorm lounge, so bring a deck of cards, game or book to stay engaged when not in an organized activity.
- **Half Day Campers-** You will check –in at the pool on Monday at 9:00 am dressed to swim. Pick-up will be at 12:00 pm at El Pomar Natatorium – The Ritchie Center.
- **Summer Camp Health Records Health and Release Form – IMPORTANT –** This completed form must be brought to the camp at registration, not to be mailed in. Campers will not be admitted to camp without this form. If you have the most recent copy of your child’s immunization/physical form you may staple this to OUR form. Please fill out the camper information & sign the waiver on OUR form to ensure the trainer has all the camp specific information we need.
- **Camp Phone-** You can leave a message for your camper by calling the camp office at 800-944-7112.

- Final Payments are due in our office by May 15th. If you have a balance and would like us to charge it to your credit card, please call us at 1-800-944-7112. Checks can be sent to 1700 Post Rd. Suite D-5, Fairfield CT 06824
- **Cancellation Policy-** You may register for any camp with openings up to the start of camp. Payment by Visa or Mastercard is required for all online, phone or fax registrations. 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 cancelation within 5 days of the start of camp will result in a camp credit minus \$100 cancelation 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.**
- **Key Deposit (OVERNIGHT CAMPERS ONLY)** – The school requires a key deposit of \$75 per camper. Please bring a check made out to “University of Denver” for \$75. The check will be returned to the camper at the end of camp after they turn in their key.
- **Spending Money** – It is not recommended that excessive amounts of cash be brought to the camp, \$50 will cover the trip to Dave & Busters and the occasional pizza order or campus store item. Please remind your camper to keep any spending money in a secure place.
- 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.

What to Bring

Health Form	Pillow, Sheets, Blankets
Leisure Activity clothes	Small Fan
Swim Suit	Goggles
All Linens/ Sleeping Bag	Towel(s)
Swim Cap	Alarm Clock
Toiletries	Flip Flops
Comfortable Socks	Spending Money \$50
Running shoes	\$75 Key Deposit

Directions: University of Denver
Centennial Hall// 1870 S High St,
Denver, CO 80210

Campus Map URL: <http://www.du.edu/media/documents/maps/map-athletics-recreation.pdf>

From the West:

- Take I-70 to 6th Avenue East (Exit 261)
- Take 6th Avenue to I-25 South
- Take I-25 to University Blvd. (Exit 205)
- Turn right on University Blvd.
- Campus runs along the right-hand (west) side of University Blvd., between Buchtel Blvd. and Harvard Ave.
- To reach the heart of campus, turn right on Warren Circle. (Warren Circle is also designated Daniel L. Ritchie Memorial Way.)

From the North and South:

- Take I-25 to University Blvd. (Exit 205)
- Turn south on University Blvd.
- Campus runs along the right-hand (west) side of University Blvd., between Buchtel Blvd. and Harvard Ave.
- To reach the heart of campus, turn right on Warren Circle. (Warren Circle is also designated Daniel L. Ritchie Memorial Way.)

From the East:

- From the airport, take Pena Blvd. to I-70 West (exit to the left)
- Take I-70 to I-25 South (Exit 274)
- Take I-25 to University Blvd. (Exit 205)
- Turn right on University Blvd.
- Campus runs along the right-hand (west) side of University Blvd., between Buchtel Blvd. and Harvard Ave.
- To reach the heart of campus, turn right on Warren Circle. (Warren Circle is also designated Daniel L. Ritchie Memorial Way.)

Fusion Swim Camps Summer Camp Health Record

Every camper must have this health record filled out and bring it with them 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).

PLEASE DO NOT MAIL AHEAD.

Camp Attending: _____

Name: _____
Last First Middle Initial

DOB: _____ Age: _____ Sex: _____

Parent/Guardian: _____

Address: _____

Phone (Home): _____

Phone (Work): _____

Phone (Cell): _____

Emergency Contact: _____

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 with in 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 _____

NOTEAll 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.