



ARE YOU AGED BETWEEN 4 - 13 YEAR'S OLD, JOIN THIS YEARS

# SUMMER SWIM CAMP 2022

4 - 8 JULY | 11 - 15 JULY | 18 - 22 JULY | 25 - 29 JULY |  
2 - 5 AUGUST | 8 - 12 AUGUST | 15 - 20 AUGUST | 22 - 26 AUGUST

## Levels 1, 2, 3 & 4

The Summer Swim Camp is a week-long intensive swimming programme for children based at Kingfisher Renmore and facilitated by fully trained and qualified swimming instructors.

We aim to provide children with a fun and safe environment to learn and improve swimming. Throughout all levels children will be challenged according to their ability to improve their confidence, technique, body position, breathing and stroke performance.

**Price €50**

Camp 1: 10am | Camp 2: 11am.

**CALL OR EMAIL US NOW TO BOOK**

091 773344 | [renmore@kingfisherclub.com](mailto:renmore@kingfisherclub.com)  
Kingfisher Club, Renmore, Co. Galway



**KINGFISHER**  
RENMORE

# SUMMER SWIMMING CAMP 2022

## Physical activity readiness questionnaire & registration form

<b>NAME</b>	<b>DOB&amp;AGE</b>	<b>LEVEL</b>
CHILD 1 .....		
CHILD 2 .....		
CHILD 3 .....		
CHILD 4 .....		
Parents / guardian's name.....		Mobile.....

Please circle where appropriate (be careful to select the right week!)

Date	Price	Level (1-2)	Total Euro
4 <sup>th</sup> - 8 <sup>th</sup> July	€50		
11 <sup>th</sup> - 15 <sup>th</sup> July	€50		
18 <sup>th</sup> - 22 <sup>nd</sup> July	€50		
25 <sup>th</sup> - 29 <sup>th</sup> July	€50		
2 <sup>nd</sup> - 5 <sup>th</sup> August (4 Days)	€40		
8 <sup>th</sup> - 12 <sup>th</sup> August	€50		
15 <sup>th</sup> - 20 <sup>th</sup> August	€50		
22 <sup>nd</sup> - 26 <sup>th</sup> August	€50		

Please read carefully and provide a correct answer by ticking Yes or No. Where necessary, please provide details.			
	Yes	No	
Has your child(ren) had a persistent cough/high temperature/shortness of breath within the last 7 day?			
Has a doctor ever diagnosed your child with a heart condition?			
Has your child recently had chest pains during or after exercise?			
Does your child ever feel faint or have spells of severe dizziness?			
Is our child currently receiving treatment or medication for high blood pressure?			
Is our child currently receiving treatment or medication for any other condition?			
Has your child broken any bones in the past six months?			
Does your child suffer from any bone or joint problems which exercise may aggravate?			
Does your child suffer from epilepsy or chronic asthma?			
Is your child diabetic? If yes, is the diabetes type 1 or 2?			
Has your child undergone any recent surgery?			
Is there any other reason which has not been mentioned that may affect your child if they took part in physical activities?			

Additional Information: .....

It is important to note that if you have answered "YES" to any of the above questions, there may be restrictions on your child's ability to participate in exercise programmes. If you are unsure of any of the information you have provided we strongly advise that you consult with your doctor before allowing your child to begin any exercise.

### Parent's/Guardian's Declaration

- I confirm that the above answers are correct, at this point in time, to the best of my knowledge and belief.
- I will ensure that I inform the coach at once if any of the above information changes.
- I have read the club's child admission policy & have been made aware that there is a child liaison officer & Covid-19 officer in place.
- I agree that my child will abide by the rules of Kingfisher Club and follow the instructions of staff at all times.
- I confirm that I have read the **Summer Swim Camp Parent Handbook 2022**.

Signature ..... Print Name ..... Date .....