

# CAMP SWICKLEPUTT 2026 REGISTRATION FORM



## Child Information (Please fill out one form per child)

Name: \_\_\_\_\_

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

Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Check all that apply:  Has attended Camp Swickleputt  Has attended other summer camp

## First Parent/Guardian Information:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

## Second Parent/Guardian Information:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

**Pre-Registration/Deposit:** A Non-refundable deposit of \$100.00 for each week should be mailed with your registration form. **The balance will be due two weeks prior to camp.**

Preferred Camp Date:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Second Choice Date:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Deposit:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Deposit: \_\_\_\_\_

## Emergency Contact/Authorized Pick-Up

List the individuals permitted to pick up your child in addition to listed guardians. (Photo ID will be required)

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Phone #: \_\_\_\_\_ Second Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Phone #: \_\_\_\_\_ Second Phone #: \_\_\_\_\_

**Additional Information:** Please take the time to answer questions below to help determine the needs of your child and family:

1. On a scale of 1-5, how well does your child get along with other children and participate in group activities?
2. Does your child have any fears or anxieties in a social or recreational setting?
3. Does your child possess basic swimming capability and a strong ability to sustain beginner to moderate pool-based activities for 45 minutes (required)?
4. Any other special instructions or medical conditions? (IE Medications needed, heat stroke prone, ADHD, etc)
5. Is your child right or left handed?

**Allergies:**

Hay Fever     Insect Bites     Penicillin     Asthma     Food(s)     Other

Describe: \_\_\_\_\_  
\_\_\_\_\_

**Primary Physician:** \_\_\_\_\_

Phone# \_\_\_\_\_ Address: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

**Insurance Information:**

Insurance Company: \_\_\_\_\_

Policy/Group #: \_\_\_\_\_

**Liability Waiver:**

In exchange for the privilege to attend Camp Swickleputt, access and use the Beau Rivage sports courts, swimming facilities, golf facilities, and overall migration of camp activities (collectively referred to herein as "the facilities") you are accepting responsibility for your own

and your child's negligence. The facilities must always be used in a safe manner. You are liable for all medical and legal claims that may arise from use of the facilities by your child. You voluntarily agree to accept the risks of your child using the facilities and on behalf of yourself, your personal representatives and your heirs hereby voluntarily release Beau Rivage Golf & Resort, and its owners, officers, employees from any and all claims, actions, causes of actions, suits, judgments and demands for bodily injury, property damage, loss of life and/or loss of services, in law or equity, that may in any way or manner arise out of use of the facilities and participation in all of the activities associated with Camp Swickleputt.

By completing this application you certify that your participating child has the capacity to participate in the camp activities, including but not limited to strong swimming skills. Camp fees are \$329.00 per week, to which the non-refundable deposit of \$100.00 will apply.

Early drop off and late pick-up are offered on a very limited basis. Hours are earliest 7:30AM, and latest 4:30PM. If interested in early pick up or late drop off, please check this item and we will confirm these details with you upon completing your registration. Checking this box does not guarantee availability. Rates are \$16/hr per child, and \$8 to add a sibling.

By signing this document, I certify that I have read, understood, and agree to the terms within this Camp Swickleputt Registration Form.

**Parent or Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Mail Completed Form To: Beau Rivage Golf & Resort, 649 Rivage Promenade, Wilmington, NC 28412  
Please include your \$100.00 deposit for each week per child. You can also scan your registration form to [recreation@beaurivagegolf.com](mailto:recreation@beaurivagegolf.com) and we will call you to take your deposit and confirm your child's registration. You will receive registration confirmation via text and email within one week of sending your form. If you do not receive a confirmation text and email within one week of submitting your application please reach out to check the status. Any questions may be directed to 910-392-9021 EXT 2 or [recreation@beaurivagegolf.com](mailto:recreation@beaurivagegolf.com).