Summer Camp 2018 Registration

2018 Physique Summer Camp

Drop off & Pick Up at Pine Street School 25 Pine St, New York, NY 10005 Swim at Seahorse Aquatics Center 69 Columbia St in Lower East Side Village East Swim Club, 720 East 11th Street



Camper's Last Name: First Birth Date: Age: Grade Entering in Sept. 2018: Sibling(s) attending camp this season? y n Name(s) of Sibling: Physique Camp Shirt Size (circle one): Youth: S (6-8) M (10-12) L(14-16), Adult: S M L XL Home Address: City, State, Zip: Parent's Name: Parent's Name: Parent's Cell Phone: Parent's Cell
Parent's Name: Parent's Name:
Parent's Work Phone: Parent's Work Phone:
Parent's Home Phone: Parent's Home Phone:
Parent's Email: Parent's Email:
Emergency Contact Name:
Cell / Phone:
Relationship to Camper:
Other People Authorized to Pick Up Your Child:
Please select your camp session(s):
Week 1: June 25 - June 29 ☐ Cost: \$850.00 ☐ Half Day: \$550.00
Week 2: July 2 - July 6 (no camp 7/4) Cost: \$680.00 Half Day: \$440.00
Week 3: July 9 - July 13 ☐ Cost: \$850.00 ☐ Half Day: \$550.00
Week 4: July 16 - July 20
Week 5: July 23 - July 27
Week 6: July 30 - August 3
Week 7: August 6 - August 10 ☐ Cost: \$850.00 ☐ Half Day: \$550.00
Week 8: August 13 - August 17 ☐ Cost: \$850.00 ☐ Half Day: \$550.00
Week 9: August 20 - August 24 ☐ Cost: \$850.00 ☐ Half Day: \$550.00
Week 10: August 27 - August 31
LATE PICK UP OPTION AT 6:00PM: \$100.00 TRANSPORTATION PICK UP AND DROP OFF: \$250/week Minimum Deposit of \$300.00 per child is due with application. Full payment due May 1st. There will be no refunds after June 1st.

PROMOTIONS! • Register before February 28, 2018 & receive air add Deduct \$15 per additional family member per week

Plan your Summer with Physique and Save Big!

Sign up for all ten weeks: \$710 / week Choose eight weeks: \$720 / week Choose five weeks: \$730 / week Choose three weeks: \$740 / week

PAYMENT INFORMATION: Please submit form and make check payable to "PHYSIQUE SWIMMING." CREDIT CARDS (please circle): MasterCard Visa AMEX Card Number: ______Card Holder Name: _____ _____ Exp Date: _____ / ____ Billing Address (if different from home address): DEPOSIT AMOUNT: _____ TOTAL AMOUNT: _____ Choose One: ____ 1. Check enclosed (Payable to "physique swimming") ___ 2. Please bill my deposit to the above credit card ____ 3. Check here if you want the full balance charged to the above credit card SUMMER DAY CAMP 2018 - ENROLLMENT APPLICATION Please indicate if your child has any medical, behavioral or physical conditions or special needs of which the camp should be aware: Parental/Guardian Consent: - In the event that parent cannot be reached in an emergency, it is understood that the Directors may take every precaution to safeguard the health and welfare of the child. - Campers and parent/guardian agree to abide by all the rules adopted by the Directors for the benefit of the campers. - All campers must submit a medical Form signed by physician. - Camp reserves the right, in its sole discretion, to suspend any camper if his/her conduct is detrimental to the well being of the camp or of any other camper and no refunds will be issued. - Permission is given to participate in Physique Swimming Swim Program at Seahorse Aquatics Center and Village East Swim Club, Nory STEM program at Pine Street School, other sports, and activities outside in the park or indoors. - Physique Swimming may photograph/video your child and use these media for brochures, websites or displays. I hereby release Physique Swimming and its legal representatives and assigns all claims, liability relating to the use of likeness, portraits, photographs, websites or films/videos. - I understand that Physique Summer Camp does not provide Medical Insurance and you do not expect Physique Summer Camp to pay medical expenses associated in the case of a camp injury. You agree that you are financially responsible for all medical expenses. Your child will not be register in our camp unless your medical insurance provider and policy number is provided below. Medical Insurance Provider: _____ Insurance Policy number: Parent/Guardian Signature Date ______ Medical Information (to be completed by physician) Medications Allergies to medication Medical conditions, even if controlled (diabetes, hypertension, seizures, etc.) Date of most recent Immunizations: _____ Tetnus _____ Measles _____ Mumps_____ Rubella Diphtheria Polio Mellitus I have examined _____and hereby certify he/she is able to participate in athletic activities.