



# physique swimming

## Mini Stroke Camp 2016 Registration

Camper's Last Name: \_\_\_\_\_ First \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Entering in Sept. 2015: \_\_\_\_\_

Sibling(s) attending camp this season? y n Name(s) of Sibling: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Cell Phone: \_\_\_\_\_

Parent's Cell Phone: \_\_\_\_\_

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: July 5 - July 8 1-4PM Freestyle, Starts, Turns  \$500.00

Week 2: July 11 - July 15 1-4PM Backstroke, Starts, Turns  \$500.00

Week 3: July 18 - July 22 1-4PM Breaststroke, Starts, Turns  \$500.00

Week 4: July 25 - July 29 1-4PM Butterfly, Starts, Turns \$500

Registration can also be arranged by phone at (212) 725 - 0939 or email: [info@PhysiqueSwimming.com](mailto:info@PhysiqueSwimming.com)

### PAYMENT INFORMATION:

Please submit form and make check payable to "PHYSIQUE SWIMMING."

CREDIT CARDS (please circle): MasterCard Visa AMEX

Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_ / \_\_\_\_

Card Holder Name: \_\_\_\_\_

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 2016 - 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.
- 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.
- Permission is given to participate in Physique Swimming Swim Program at Seahorse Aquatics Center, other sports activities outside in the park or indoors and cooking with The Creative Kitchen, Science Ninjas.
- 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 \_\_\_\_\_

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### 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.

\_\_\_\_\_