Chysique 2019 Summer Camp Summing Registration

New Location with a Great Swimming Pool and Gymnasium

EARLY BIRD SPECIAL



Léman Prep Upper School 1 Morris St New York, NY 10004 (Entrance at 25 Greenwich St) - REGISTER BEFORE MARCH 31ST - SAVE \$50 PER WEEK.

- USE PROMO CODE EARLYBIRD19

Camper's Last Name:		First	
Birth Date:	Age:	Grade Entering in Sept. 2019:	
Sibling(s) attending camp	this season? y r	n Name(s) of Sibling:	
Physique Camp Shirt Size	(circle one): You	uth: S (6-8) M (10-12) L(14-16), Adult: S M L XL	
Home Address:			
		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:			

Other People Authorized to Pick Up Your Child: _

Please select your camp session(s):

Session: 201	9 Summer Camp Dates	F	ull Week	F	lalf Day
Week 1: July	/ 1 – July 3 – No Camp 7/4, 7/5		\$540.00		\$360.00
Week 2: July	/ 8 – July 12		\$900.00		\$600.00
Week 3: July	/ 15 – July 19		\$900.00		\$600.00
Week 4: July	/ 22 – July 26		\$900.00		\$600.00
Week 5: July	/ 29 – August 2		\$900.00		\$600.00
Week 6: Aug	just 5 – August 9		\$900.00		\$600.00
Week 7: Aug	just 12 – August 16		\$900.00		\$600.00
Week 8: Aug	just 19 – August 23		\$900.00		\$600.00

- Choose Eight Weeks: \$770.00 Per Week
- Choose Four Weeks: \$790.00 Per Week
- Choose Three Weeks: \$800.00 Per Week

- Transportation To & From Camp: \$300.00 Per Week

- Late Pick Up, 4:00pm – 6:00pm: Additional \$100/Week

EXTENDED DAY OPTION: available from 4:00-6:00 pm for an additional fee of \$100 per week.

PAYMENT INFORMATION

Please submit form and make ch CREDIT CARDS (please circle): N	ecks payable to "PHYSIQUE SWIMMING".			
ů ,		Exp Date [.]	/	
Card Holder Name:		/		
	nome address):			
DEPOSIT AMOUNT: Choose One:	TOTAL AMOUNT:			

____ 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

MEDICAL INFORMATION

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:

	ent cannot be reached in ar	n emergency, it is underst	ood that the Director	s may take every precaution	n
v	n and welfare of the child.				
	guardian agree to abide by		the Directors for the	benefit of the campers.	
- All campers must sub	omit a medical form signed	by physician.			
- Camp reserves the rig	ght, in its sole discretion, to	o suspend any camper if	his/her conduct is de	trimental to the well being	
of the camp or of any o	other camper and no refund	ds will be issued.			
- Permission is given to	o participate in Physique S	wimming Swim Program	at Léman Manhattan	Prep, other sports, and ac	tivities
outside in the park or in	ndoors.				
- Physique Swimming	may photograph/video you	ir child and use these me	dia for brochures, we	ebsites or displays. I hereby	У
release Physique Swim	nming and its legal represe	ntatives and assigns all c	laims, liability relating	to the use of likeness,	
portraits, photographs	, websites or films/videos.				
- I understand that Phy	sique Summer Camp does	s not provide Medical Ins	urance and you do no	ot expect Physique Summe	er
	expenses associated in the			• •	
for all medical expense	es. Your child will not be req	gister in our camp unless	your medical insuran	nce provider and	
policy number is provid	ded below.				
Medical Insurance	Provider:				
	umber:				
Parent/Guardian Signature Date				Date	
					======
Medical Information	n (to be completed by	physician)			
Medications					
Allergies to medica	tion				
Medical conditions	, even if controlled (dia	abetes, hypertension	, seizures, etc.)		
Date of most recen	nt Immunizations: Tetnu	JS, M€	asles	, Mumps	,
Rubella	, Diphtheria	, Polio	, Mellitus _	·	
					activities