physique swimming

Summer Camp 2017 Registration



	DV

Camper's Last Name:		First			
Camper's Last Name: Birth Date: Age	: Grade E	ntering in Sept. 2017:			
Sibling(s) attending camp this					
Physique Camp Shirt Size (cir 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: Parent's Email:				
Emergency Contact Name:					
Cell / Phone:					
Relationship to Camper:					
Other People Authorized to Pi	ck Up Your Child:				
Please select yo	ur camp sess	ion(s):			
Week 1: June 26 - June 30		□ Cost: \$850.00	□ Half Day: \$550.00		
Week 2: July 3 - July 7 (no	camp 7/3 or 7/4)	Cost: \$510.00	Half Day: \$330.00		
Week 3: July 10 - July 14		🗖 Cost: \$850.00	☐ Half Day: \$550.00		
Week 4: July 17 - July 21		Cost: \$850.00	Half Day: \$550.00		
Week 5: July 24 - July 28		🗖 Cost: \$850.00	Half Day: \$550.00		
Week 6: July 31 - August	4	🗖 Cost: \$850.00	Half Day: \$550.00		
Week 7: August 7 - Augus	st 11	🗖 Cost: \$850.00	Half Day: \$550.00		
Week 8: August 14 - Augu	ust 18	Cost: \$850.00	Half Day: \$550.00		
Week 9: August 21 - Augu	st 25	🗖 Cost: \$850.00	🗖 Half Day: \$550.00		
Week 10: August 28 - Sep	tember 1	🗖 Cost: \$850.00	Half Day: \$550.00		
	L 6.00PM. \$90.00 TRA	NSPORTATION PICK UP A	ND DBOP OFE: \$275/week		

LATE PICK UP OPTION AT 6:00PM: \$90.00 TRANSPORTATION PICK UP AND DROP OFF: \$275/we 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, 2017 & receive an additional \$50 off from each week
Deduct \$10 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 "Pl	HYSIQUE SWIMMING."
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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 2017 - 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, activities outside in the park or indoors, cooking with The Creative Kitchen and science with Science Ninjas.

- 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 Provi	ider:			
Insurance Policy numbe	er:			
Parent/Guardian Signati	ure		Date	
Medical Information (to				
Medications				
Allergies to medication_				
Medical conditions, eve	n if controlled (diab	etes, hypertension, se	eizures, etc.)	
Date of most recent Imn	nunizations:	Tetnus	Measles	
Mumps				
		Polio	Mellitus	
I have examined	and	hereby certify he/she	is able to participate in athle	tic activities.