



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: _____

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 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: June 27 - July 1 Cost: \$800.00 Half Day: \$500.00

Week 2: July 5 - July 8 Cost: \$640.00 Half Day: \$400.00

Week 3: July 11 - July 15 Cost: \$800.00 Half Day: \$500.00

Week 4: July 18 - July 22 Cost: \$800.00 Half Day: \$500.00

Week 5: July 25 - July 29 Cost: \$800.00 Half Day: \$500.00

Week 6: August 1 - August 5 Cost: \$800.00 Half Day: \$500.00

Week 7: August 8 - August 12 Cost: \$800.00 Half Day: \$500.00

Week 8: August 14 - August 19 Cost: \$800.00 Half Day: \$500.00

Week 9: August 22 - August 26 Cost: \$800.00 Half Day: \$500.00

Week 10: August 29 - September 2 Cost: \$800.00 Half Day: \$500.00

LATE PICK UP OPTION AT 6:00PM: \$60.00 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, 2016 & 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: \$690 / week

Choose eight weeks: \$700 / week

Choose five weeks: \$710 / week

Choose three weeks: \$720 / week

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 _____

=====

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.
