

## Swim and STEM Spring Break Camp at Pine Street School

Drop off & Pick Up at Pine St School, 25 Pine Street

Daily Swim at Lemman Manhattan Prep, 25 Greenwich St Pool (walking distance from PSS)

**Week 1:** March 16 - 20 **Week 2:** March 23 - 27 **Cost per week** \$800.00 **Cost per day** \$180.00

### Daily Schedule

9:00am - Drop off and Welcome Campers at Classroom 327 and 335 at PSS

9:15am - **NORY** STEM, Robots & Science activities

12:00pm - Lunch at PSS

12:45pm - Round Up for the pool & Walk Over to Lemman Upper School

1:30pm - Instructional (1hr) & Fun Swimming at Lemman Upper School

2:30pm - Campers Change to be dismissed or walk back to PSS for extended day

3-5pm - Extended day at PSS, \$20/day

### Registration

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

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Entering in Sept. 2020: \_\_\_\_\_

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: \_\_\_\_\_

### Registration can be completed:

**online:** [physiqueswimming.com](http://physiqueswimming.com) - **email:** [info@physiqueswimming.com](mailto:info@physiqueswimming.com)

**phone:** (212) 725-0939 - **fax:** (646) 478-9005

**mail:** Physique Swimming, 25 Broadway, 9th Fl, New York, NY 10004

# enrollment application

## Payment Information

Please submit form and make checks 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

## 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:

- 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 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 Camp does not provide Medical Insurance and you do not expect Physique 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.