



PHYSIQUE SUMMER CAMP – PAGE 1
RNH SUMMER DAY CAMP 2024 - ENROLLMENT APPLICATION

Current Date: _____

Camper's Full Name: _____

Male or Female: _____

Birth Date: _____ Age: _____ Grade Entering in Sept. 2024: _____

Sibling(s) attending camp this season? _____

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: _____

Mother's/Guardian's Name: _____

Mother's/Guardian's Cell Phone: _____

Mother's/Guardian's Work Phone: _____

Mother's/Guardian's Home Phone: _____

Mother's/Guardian's Email: _____

Father's/Guardian's Name: _____

Father's Guardian's Cell Phone: _____

Father's/Guardian's Home Phone: _____

Father's/Guardian's Work Phone: _____

Father's/Guardian's Email: _____

Emergency Contact Name: _____

Phone/Cell: _____

Relationship to Camper: _____

Other People Authorized to Pick Up Your Child:



PHYSIQUE SUMMER CAMP – PAGE 2
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PAYMENT INFORMATION:

PLEASE SUBMIT FORM & PAYMENT PAYABLE TO “PHYSIQUE SWIMMING.”

CREDIT CARDS: MasterCard, Visa, or AMEX are accepted:

Card Number: _____ Exp Date: ____ / ____

Card Holder Name: _____

Billing Address (if different from home address):

Tuition & Session Dates:

June 24 - August 9, 2024

Session 2024 Summer Camp Dates Full Day | Half Day

1 Week: Sign Up for One Week, \$705.00 | \$505.00

2 Weeks: Sign Up for Two weeks, \$705.00/week \$1,410 | \$1,010 (\$505/week)

3 Weeks: Sign Up for Three Weeks, \$690/week \$2,070 | \$1,470.00 (\$490/week)

4 Weeks: Sign Up for Four Weeks, \$675/week \$2,700 | \$1,900.00 (\$475/week)

5 Weeks: Sign Up for Five Weeks, \$660/week \$3,300.00 | \$2,300.00 (\$460/week)

6 Weeks: Sign Up for Six Weeks, \$645/week \$3,870.00 | \$2,670.00 (\$445/week)

7 Weeks: Sign Up for Seven Weeks, \$630/week \$4,410.00 | \$3,010.00 (\$430/week)

FULL DAY PRICING: 9:00 am – 3:00 pm – Lunch & Snack Included

ADD ON: Early Drop Off: (7:45 am-8:45 am) \$10/day; Late Pick Up (3:00pm-5:00pm): \$20/day, \$150.00/week

SIBLING DISCOUNT: Discount 10% off the total price.

EARLY BIRD: Save \$50/week – Register by April 1st

HALF-DAY PRICING: 9:00 am – 1:00 pm – Swim Instruction, Morning Movement, Lunch & Snack Included ADD ON: Early Drop Off: \$10/ day

Physique Swimming Inc.
115 Broadway, 5th Floor
New York, NY 10006
t: (212)-725-0939 f: (646)-478-9005
e: info@physiqueswimming.com
physiqueswimming.com



SIBLING DISCOUNT: Discount 10% from the total price

PROMOTIONS

- REGISTER BEFORE, April 1st., 2024 & RECEIVE \$50 off per week
- SIBLING DISCOUNT OF 10% IS APPLIED TO THE TOTAL PRICE

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

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:

- If a 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 a physician.
- Camp reserves the right, in its sole discretion, to suspend any camper if his/her conduct is detrimental to the camp's well-being or 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 with this release Physique Swimming and its legal representatives assign all claims, and liability relating to the use of likenesses, portraits, photographs, websites, or films/videos.
- Permission is given to participate in the Physique Swimming Swim Program at *RNH* and other sports activities outside or indoors and all scheduled activities.
- 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 only be registered in our camp if your medical insurance provider and policy number are 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: _____ Tetanus _____ Measles _____

Mumps _____

Rubella _____ Diphtheria _____ Polio _____ Mellitus _____

I have examined _____ and hereby certify he/she can participate in athletic activities.
