

SUMMER CAMP APPLICATION

Date: ___/___/___

Section 1: Camper Information

First Name: _____ MI: _____

Last Name: _____

DOB: _____ Age: _____

Sex: M F

Grade in Sept. 2025: _____

Are any siblings attending camp? Y N

Name(s) of Sibling:

Shirt Size (circle one):

- Youth: S (6-8) M (10-12) L(14-16)
- Adult: S M L XL

Please indicate if your child has any medical, behavioral, or physical conditions or special needs of which the camp should be aware of:

Additional Comments:

Section 2: Family Information

Address: _____

City, State, Zip: _____

Mother's/Guardian's Name: _____

Phone: _____

Alt Phone: _____

Email: _____

Father's/Guardian's Name: _____

Phone: _____

Alt Phone: _____

Email: _____

Section 3: Emergency Contact

In the event of an emergency call:

Name: _____

Relation to Camper: _____

Phone: _____

Is anyone else authorized to pick up your child? Y N

If yes please list: _____

Relation to Camper: _____

Section 4: Dates & Tuition

Make payable to "Physique Swimming"

Tuition & Dates:

June 23 - August 15, 2025

Session 2025 Summer Camp Dates**Full Day | Half Day**

- **1 Week:** \$725.00 | \$525.00
- **2 Weeks:** \$725.00/week \$1,450 | \$1,050 (\$525/week)
- **3 Weeks:** \$710/week \$2,130 | \$1,530.00 (\$510/week)
- **4 Weeks:** \$695/week \$2,780 | \$1,980.00 (\$495/week)
- **5 Weeks:** \$680/week \$3,400.00 | \$2,400.00 (\$480/week)
- **6 Weeks:** \$665/week \$3,990.00 | \$2,790.00 (\$465/week)
- **7 Weeks:** \$650/week \$4,550.00 | \$3,150.00 (\$450/week)
- **8 Weeks:** \$635/week \$5,080.00 | \$3,480.00 (\$435/week)

ADD ONS:

- **Early Drop Off: (8:00 am-8:45 am) \$10/day;**
- **Extended Care: (3:00pm-5:00pm): \$20/day,**
- **Lunch & Snack \$40/Week**
- **Extend to Full day:(1pm- 3pm) \$40/day (must notify during drop off or before)**

PROMOTIONS & DISCOUNTS:

- **REGISTER BEFORE** February 1st, 2025 - \$40 off per week
- **REGISTER BEFORE** April 1st, 2025 -\$25 off per week
- **SIBLING DISCOUNT:** 10% OFF TOTAL

TOTAL AMOUNT DUE: \$ _____**Choose One:**

1. Check enclosed (Payable to "Physique Swimming")
2. Please bill my deposit to the card provided.
3. Check here if you want the full balance charged to the card provided.

Section 5: Payment Information

VISA / MasterCard / AMEX

Card Number: _____**Exp Date:** ____ / ____ **CVV:** _____**Card Holder Name:**

Billing Address (if different from home address):

Section 6: Medical Information**Medical Information (to be completed by physician)**

Medications _____

Allergies: _____

Medical conditions, even if controlled (diabetes, hypertension, seizures, etc.)

Date of most recent Immunizations: _____ Tetanus _____

Measles _____ Mumps _____

Rubella _____ Diphtheria _____ Polio _____ Mellitus

Medical Insurance Provider: _____

Policy Number: _____

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

Sign: _____ **Date:** _____

Section 7: Parent/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.

Sign: _____

Date: _____