

PHYSIQUE SWIM DAY CAMP – 2008
At College of Saint Elizabeth (2 Convent Rd. Morristown)
2008 Application Form

Phone/Fax: (973) 895-2865
E-mail:physiqueswimming@msn.com

P.O Box 135, Mt.Freedom , NJ 07970
www.physiqueswimming.com

Camper _____ Sex _____ Birth date ____/____/____
Sept.2008 Grad _____ Age as of 7/1/08 _____ Years ____ Level:(Beg.1)(Beg.2)(Adv.1)(Adv.2
Address _____ Town _____ Zip _____
Home Phone _____ School Attending _____
Mother's Name _____ Firm Name _____
Mother's Work # _____ Mother's Cell _____
Father's Name _____ Firm Name _____
Father's Work # _____ Father's Cell _____
Family E-mail _____ Camper's E-mail _____
Are sibling(s) attending camp this season? _____ Name(s) _____
Copy of Medical Insurance must accompany application
Credit Card information: (Master Card or Visa) Cardholder name _____
Billing Address _____
Credit Card Number _____ Exp.Date _____

2008 Tuition Schedule

June 23 – June 27	Cost: \$320.00	
June 30 – July 4 (no camp on 7/4)	Cost: \$256.00	
July 7 – July 11	Cost: \$320.00	
July 14 – July 18	Cost: \$320.00	
July 21 – July 25	Cost: \$320.00	
July 28 – August 1	Cost: \$320.00	
August 3 – August 8	Cost: \$320.00	No refunds after June 1.

PARENTS AGREE TO THE FOLLOWING PAYMENT SCHEDULE:

1. Standard payment option: balance of tuition due on May 1, 2008
2. Deduct \$20 per additional family member from total amount.
3. Make your check payable to "**PHYSIQUE**"
 Please bill my Deposit to the above Credit Card.
 Check here if you want the full balance to the above Credit Card
 Check if you agree on monthly billing your Credit card amount of \$ _____

* 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 parents 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.

* Camp may photograph your child and use these pictures for brochures, websites or displays.

* All dates are subject to change when school closings are finalized

* Physique Camp Shirt Size (circle one): Youth: S(6-8) M(10-12) L(14-16), Adult: S M L XL

I have read and I have agreed to all the terms set forth above.

Signature _____

HOLD HARMLESS RELEASE
PARENTAL PERMISSON – PHYSIQUE SWIM CAMP

Camper Name _____

1. You state that you are aware of all the top inherent danger and risks involved in Camp Sports: including bodily injury, sprains, fractures, dislocations, lacerations, concussions, skin disease, eye, head, neck or back or back injuries. Some specific risks include, but are not limited to:
 - A) Being hit or struck by sports equipment (bat, ball, stick, racquet)
 - B) Being hit, struck, or collision with other camp participant during a game.
 - C) Collision with the camp facilities (floor, goal, backboard, ground, pool deck, diving stand).
 - D) Immersion in the water.

2. You understand that Physique Swim Camp does not provide any Accident or Medical Insurance and that you are required to provide this for your child. You agree that you are financially responsible for all medical expenses whatsoever. **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 or Guardian (please print)

Signature of parent or Guardian

Date