

Coppermine Swim Club, Inc.

P.O. Box 6162, 690 Foothill Road, Bridgewater, NJ 08807

(908) 685-9596

Coppermine Kids' Club Registration Form

Parent/Guardian Information:

Parents/Legal Guardians: Name _____
Address _____
Email: _____
Cell: _____ Home: _____

Child(ren) Information:

Name	Date of Birth (MM/DD/YYYY)	Grade as of 9/2018	Knows how to swim (Y/N)	Joining Swim Team** (Y/N)	Allergies

Please attach a sheet to elaborate as to allergy information and any other pertinent medical information.

Program Options (circle your choices):

Session 1 (6/25-8/3)		Session 2 (8/6-8/31)	
Full Week: Early Pay: \$900 1 st child / \$820 each additional child Standard Rate: \$1050 1 st child /\$945 each additional child	Monday-Friday	Full Week: Early Pay: \$600 1 st child / \$540 each additional child Standard Rate: \$700 1 st child / \$630 each additional child	Monday-Friday
Choose Your Day(s): Early Pay : \$35/ day 1 st child, \$32/day each additional child X 6 weeks Standard Rate: \$40/ day 1 st child, \$36/day each additional child X 6 weeks	Mon Tues Wed Thur Fri	Choose Your Day(s): Early Pay : \$35/ day 1 st child, \$32/day each additional child X 6 weeks Standard Rate: \$40/ day 1 st child, \$36/day each additional child X 6 weeks	Mon Tues Wed Thur Fri

**Swim team fee is an additional fee. Please complete the application for swim team at coppermineswimclub.com.

Application and payment in full must be received by April 1 to receive the early pay discount. Standard rates will apply to all registrations not paid in full by April 1, 2018. No child will be permitted to attend camp if there is an outstanding balance.

Please make Checks payable to Coppermine Swim Club, Inc.

I understand there will be NO refunds of camp fees unless the program or activity is cancelled by Coppermine Swim Club. **Initial** _____

Please give the names of the persons to whom your child may be released (attach a sheet to list additional names):

Name: _____ Relationship _____ Phone # _____

Name: _____ Relationship _____ Phone # _____

In the event you authorize your child(ren) to arrive and depart CKC without an adult, please check here **Initial _____**

Emergency Medical Release and Liability Waiver:

If Parent/Guardian cannot be reached, whom should we contact in the event of an emergency?

Name _____ Relationship to camper _____

Home Ph. _____ Cell Ph. _____

I hereby authorize the CKC Director and/or Counselor to authorize the physician of his/her choice to provide medical care for my child in the event that neither I nor the family physician can be contacted immediately. **Initial _____**

Name of Child's Physician: _____ Phone # _____

Health Ins. Co. _____ Policy/Group # _____ Member I.D.# _____

As a member in good standing of Coppermine Swim Club, Inc., I hereby give my child(ren) permission to participate and be involved in Coppermine Kids' Club. By this authorization, I hereby approve of the program and accept the facilities, equipment and supervision as adequate and appropriate. Further, I understand there are certain risks inherent in participation in all recreational activities which are beyond the control of the participant or the staff of Coppermine Kids' Club or Coppermine Swim Club, Inc. I hereby release Coppermine Kids' Club and Coppermine Swim Club, Inc. from any liability or negligence claims concerning the instructor or the supervision, facilities or equipment used in the program named above.

Signature of Parent/Legal Guardian _____ Date _____