



## Registration Form 2017

Camper's Full Name \_\_\_\_\_ Nickname \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Grade entering in Fall 2017 \_\_\_\_\_

E-mail (will be used as primary form of communication as season approaches) \_\_\_\_\_

Age in July 2017 \_\_\_\_\_ Date of Birth (M/D/Y) \_\_\_\_\_ Sex \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_

Mother's Full Name \_\_\_\_\_ Father's Full Name \_\_\_\_\_

Father or Mother's Address (if different than child) _____ City _____ State _____ Zip _____ Home Telephone _____
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Father's Preferred Telephone \_\_\_\_\_ Additional Phone \_\_\_\_\_

Mother's Preferred Telephone \_\_\_\_\_ Additional Phone \_\_\_\_\_

Person To Be Called If  
Parents Cannot Be Reached \_\_\_\_\_ Telephone \_\_\_\_\_

Relationship of Above Person \_\_\_\_\_

Names and Ages of Siblings \_\_\_\_\_

May we use your name as a reference? Yes \_\_\_\_\_ No \_\_\_\_\_

<b>Special Requests</b> 1. Transportation to Roman Catholic Services: Required _____ No _____ 2. Special diet restrictions: Yes _____ No _____ Brief description _____ Extra fee will be added accordingly
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PLEASE SELECT THE SESSION(S) YOU WISH TO ATTEND.		
<input type="checkbox"/> <b>SESSION 1</b> (July 1 to July 22)	<input type="checkbox"/> <b>SESSION 2</b> (July 23 to August 13)	<input type="checkbox"/> <b>FULL SEASON</b> (July 1 to August 13)

<b>Transportation to Camp</b>		
<input type="checkbox"/> Bus to Camp (\$150)	<input type="checkbox"/> Bus home from camp (\$150)	<input type="checkbox"/> Round Trip (\$300)

**Note: More information on back.**

### Payment Information

Please make check payable to *The School of Swimming*

\$200 Registration fee enclosed    or     Total payment of \$ \_\_\_\_\_ enclosed

Tuition:

1. Registered by October 1, 2016: \$3,400 (3 weeks)/ \$5,700 (6 weeks)
2. Registered by March 1, 2017: \$3,500 (3 weeks)/ \$5,800 (6 weeks)
3. Registered after March 1, 2017: \$3,700 (3 weeks)/ \$6,000 (6 weeks)

### Choose a Payment Plan:

\_\_\_\_\_ Two payments- February 1, 2017 and May 1, 2017 (we will send two statements)

\_\_\_\_\_ One payment due December 1, 2016\*\*\* (we will send one statement)

\*\*\*Full payment received by December 1, 2016 will receive an additional \$100 discount.

### Refund Policy:

\*Cancellations received on or prior to Jan. 1, 2017 will receive a full refund.

\*Cancellations received after Jan. 1 and prior to April 1, 2017 will receive a full refund (minus a \$200 cancellation fee).

\*Cancellations received after April 1 and on or prior to June 1, 2017 will receive a full refund (minus a \$250 cancellation fee).

\*Cancellations received after June 1, 2017 will receive a full refund (minus a \$500 cancellation fee).

### Photo Release

Camp Eagle Wing will be publishing a camp newsletter, posting pictures on our camp website, and using pictures for camp brochures. Please check and sign below to indicate whether we have permission to use your child's photo for these purposes.

Yes, I give permission for my child's picture to be used as stated above.

No, I do not give permission for my child's picture to be used as stated above.

Parent or guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

**Send in the mail to us:**

1. A signed copy of this completed form.
2. \$200 registration fee (refundable until Jan. 1)

**If you have any questions please contact us.**

**Phone— (207) 255-3116 [until September 1] or (860) 563-2804**

**Email—campoffice@campeaglewing.com**