

# CARDEROCK 2019 SUMMER FUN PROGRAM REGISTRATION

## REGISTRANT REQUIREMENTS:

**MUST BE AGE (6) OR ENTERING FIRST GRADE PRIOR TO THE ENROLLMENT DATE AND BE NO OLDER THAN AGE (11).**

REGISTRANT: \_\_\_\_\_

AGE: (\_\_\_\_) DATE OF BIRTH (\_\_\_\_)(\_\_\_\_)(\_\_\_\_)

ADDRESS: \_\_\_\_\_

PARENT / GUARDIAN: \_\_\_\_\_

CONTACT NUMBER: (1) - (\_\_\_\_)(\_\_\_\_)(\_\_\_\_) (2) - (\_\_\_\_)(\_\_\_\_)(\_\_\_\_)

**E-MAIL (PLEASE PRINT CLEARLY)**

\_\_\_\_\_

EMERGENCY CONTACT (1) \_\_\_\_\_ # (\_\_\_\_)(\_\_\_\_)(\_\_\_\_)

EMERGENCY CONTACT (2) \_\_\_\_\_ # (\_\_\_\_)(\_\_\_\_)(\_\_\_\_)

PER SESSION FEE \$275.00 PAID AT TIME OF ENROLLMENT.

TOTAL PAID \$ \_\_\_\_\_

SESSION (1) 6-17 THRU 6-21 \_\_\_\_\_

SESSION (2) 6-24 THRU 6-28 \_\_\_\_\_

SESSION (3) 7-1 THRU 7-5 \_\_\_\_\_

SESSION (4) 7-8 THRU 7-12 \_\_\_\_\_

SESSION (5) 7-15 THRU 7-19 \_\_\_\_\_

SESSION (6) 7-22 THRU 7-26 \_\_\_\_\_

**CARDEROCK SPRINGS SWIM AND TENNIS CLUB, INC assumes no liability for injury or damages arising from participation in the program. I hereby approve my child's participation in the program activities and consent to the emergency treatment of my child on my behalf. To the best of my knowledge, there are no physical or other limitations, which will interfere with my child's participation other than those listed below.**

FOOD/OTHER ALLERGIES OR SPECIAL CONCERNS: \_\_\_\_\_

\_\_\_\_\_

PARENT / GUARDIAN SIGNATURE: \_\_\_\_\_