



Swim Lessons at

IVY LEAGUE DAY CAMP

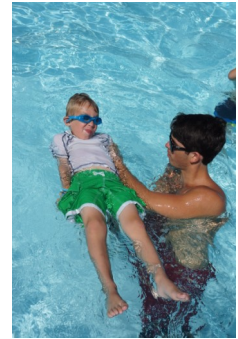


American
Red Cross

GET YOUR CHILD READY FOR SUMMER!!



Pre-School - 5th Grade
Six- 30-minute Sessions
Dates: June 11, 12, 13, 18, 19, 30



4:00 - 6:00 PM



Group Lessons
\$ 180
Individual Lessons
\$ 250



All lessons will be 30 minutes.
You will be contacted prior with your assigned time.
Rain Date TBD

Ivy League's swim program will allow your child to adjust and feel comfortable in the water and/or refine skills and swim stroke development prior to the start of Camp.

The program will be supervised by Ivy League Day Camp's Waterfront Supervisor Raquel Longo. All classes will be taught by Ivy League Day Camp's Swim Instructors.

IVY LEAGUE DAY CAMP
140 Gordon's Corner Road, Manalapan, NJ 07726
Phone: 732-446-7035 Fax: 732-446-5623 E-Mail: info@ivyleaguedaycamp.com

Child's Name _____ Male _____ Female _____

Address _____ City _____

Home Phone _____ Child's Birthdate _____ Child's Age _____

Mother's Name _____ Cell Phone _____

Father's Name _____ Cell Phone _____

E-Mail Address _____

Emergency Contact other than parent:

Name: _____ Relationship to child: _____

Cell Phone Number: _____

Please check the box that appropriately describes your child's current swim level:

Water Adjustment

Refine Skills and Stroke Development

I am signing my child up for:

Group Lesson \$180

Individual Lesson \$250

I would like my child to be placed with: _____
(This must be with mutual consent by both parties and same swim level and program)
(One request per student)

*If siblings are both enrolled, Ivy League will do its best to assign them to either the same or consecutive time slot.

Payment in full upon registration. (check only)
Please make checks payable to: **Ivy League Day Camp.**

Terms & Conditions - No refunds after June 2nd.

I recognize that there is a possibility of physical injury associated with swimming. I hereby release, discharge and/or otherwise indemnify Ivy League Day Camp against any claim by or on behalf of the registrant's participation in the program. I recognize that he/she must be in good health to participate in this program. I further acknowledge that I have read and accept these conditions under which my child's registration is made. Once program begins there will be no refunds.

Signature of Parent or Guardian: _____ Date: _____