

2017 Youth Activity Program Application Form

Child's nai	me Age
Full addre	ss
Prior Swin	Experience
Prior Sailiı	ng Experience
Home / Co Parent or 0	ell/
Session:	#1, June 26 th through July 7 th [] #2, July 10 th through July 21 st [] #3, July 24 th through August 4 th [] #4, August 7 th through August 11 th [] (short session)
_	ation is strongly recommended. Registration closes the rior to each session.
Cost:	Junior (age 4-7), Mon–Fri (1 hr/day), \$35/week Please note that most sessions run for two weeks Senior (age 8-12), Mon–Fri (1.5hr/day), \$50/week Please note that most sessions run for two weeks
Total Amo	unt
Niantic, CT	s out to 'NBYC' and forward to Katie Margiotta, 16 South Dr., 06357. Credit card payments may be made in the club officed the CC reference number on this form:
	ge that I have read and will comply with the 2016 Youth ram Health Release and Waiver of Liability:
_	of parent or guardian te:
Ouestions n	nay be directed to Katie Margiotta, 860 402 1132