



2017 Youth Activity Program Application Form

Child's name _____ Age _____

Full address _____

Prior Swim Experience _____

Prior Sailing Experience _____

Home / Cell _____ / _____

Parent or Guardian's name _____

- Session: #1, June 26th through July 7th []
#2, July 10th through July 21st []
#3, July 24th through August 4th []
#4, August 7th through August 11th []
(short session)

Prior registration is strongly recommended. Registration closes the Thursday prior 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 Amount _____

Make checks out to 'NBYC' and forward to Katie Margiotta, 16 South Dr., Niantic, CT 06357. Credit card payments may be made in the club office. Please record the CC reference number on this form: _____

I acknowledge that I have read and will comply with the 2016 Youth Activity Program Health Release and Waiver of Liability:

Signature of parent or guardian _____

Today's date: _____

Questions may be directed to Katie Margiotta, 860 402 1132