

# CS Aquatics Swim Camps

at

Sky Club Fitness  
125 Marshal Street, Hoboken, NJ  
&  
Ramapo College  
Ramapo Valley Road, Mahwah, NJ



## Details:

Camp runs M-F, 8:30am-3pm

Aftercare is available until 5pm or 6pm depending on location

Appropriate for all swim levels from absolute beginner through competitive level

## Sample Daily Schedule

(times and duration of activities vary)

- |                  |  |
|------------------|--|
| 8:30am– 12:00pm: | active play, swim instruction, open/free swim  |
| 12:00-1:00pm:    | lunch and free time (games, reading, puzzles, art)   |
| 1:00-3:00pm:     | active games, sports, fitness classes, arts & crafts, board games, movies, music, special programs |
| 3:00pm-pick-up:  | aftercare (available for an additional fee of \$100)   |

**Registration forms are available at [www.CSAquatics.com](http://www.CSAquatics.com)**

For more info or to register, contact:

Cheryl Shiber, Camp Director  
201-747-4350, [CSAquatics@gmail.com](mailto:CSAquatics@gmail.com)  
or, go to: [www.csaquatics.com](http://www.csaquatics.com)





## 2011-2012 Camp Registration Forms

(Please fill out separate forms for each camper)

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Emergency Telephone: \_\_\_\_\_

Email: \_\_\_\_\_ Address: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Does the student have any allergies or other health related or other issues that we should know about? Will these issues limit their ability to participate or pose a risk to the student or other participants? If yes, please explain: \_\_\_\_\_

Swimming Level: Absolute Beginner/ Advanced-Beginner / Intermediate / Advanced

Please describe the student's past swimming experience: \_\_\_\_\_

### Swim Camp at Sky Club, Hoboken, NJ (for grades K-5):

Dec. 26-30	<input type="checkbox"/> Mon – Fri, 8:30 – 3pm (\$325)	<input type="checkbox"/> After-care, 3-6:00pm (\$100)
June 25-29	<input type="checkbox"/> Mon – Fri, 8:30 – 3pm (\$325)	<input type="checkbox"/> After-care, 3-6:00pm (\$100)
July 2-6	<input type="checkbox"/> Mon, Tues. Thurs, Fri (8:30 – 3pm (\$260)	<input type="checkbox"/> After-care, 3-6:00pm (\$80)
July 9-13	<input type="checkbox"/> Mon – Fri, 8:30 – 3pm (\$325)	<input type="checkbox"/> After-care, 3-6:00pm (\$100)
July 16-20	<input type="checkbox"/> Mon – Fri, 8:30 – 3pm (\$325)	<input type="checkbox"/> After-care, 3-6:00pm (\$100)
July 23-27	<input type="checkbox"/> Mon – Fri, 8:30 – 3pm (\$325)	<input type="checkbox"/> After-care, 3-6:00pm (\$100)

### Summer Swim Camp at Ramapo College, Mahwah, NJ (for grades K-8):

July 9-13	<input type="checkbox"/> Mon – Fri, 8:30 – 3pm (\$275)	<input type="checkbox"/> After-care, 3-5:00pm (\$100)
July 16-20	<input type="checkbox"/> Mon – Fri, 8:30 – 3pm (\$275)	<input type="checkbox"/> After-care, 3-5:00pm (\$100)
July 23-27	<input type="checkbox"/> Mon – Fri, 8:30 – 3pm (\$275)	<input type="checkbox"/> After-care, 3-5:00pm (\$100)
July 30-Aug 3	<input type="checkbox"/> Mon – Fri, 8:30 – 3pm (\$275)	<input type="checkbox"/> After-care, 3-5:00pm (\$100)

Total Due: \_\_\_\_\_

**\*\*Refunds will be given for cancellations up to one week before camp starts and for medical reasons. However, a \$50 administrative fee will be charged.\*\***

### Payment may be made by check or credit card.

Name on Card: \_\_\_\_\_ Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Card type: Mastercard / Visa / Discover

If paying by credit card, FAX this page to: 201-215-0768

Make checks payable to: CS Aquatics, LLC  
PO Box 246, Englewood, NJ 07631

**\*\*Call or email with any questions! Cheryl Shiber, 201-747-4350 or csaquatics@gmail.com\*\***

## PARENTAL WAIVER AND CONSENT FORM

As the parent of legal guardian of the child named below, I hereby give my full consent and approval for my child to participate in the CS Aquatics (CSA) Swim Camp.

I understand that there are certain risks of injury inherent in the practice and play of this sport, as well as in traveling and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is full capable of participating in the designated sport and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in the activities, except as listed below.

In addition to giving my full consent for my child's participation in the CSA Swim Camp, I do hereby waive, release and hold harmless CS Aquatics, LLC, Sky Club and Ramapo College its officers, coaches, counselors, sponsors, supervisors, and representatives for any injury that be suffered by my child in the normal course of participation in the designated sport and the activities incidental thereto, whether the result of negligence or other cause.

\_\_\_\_\_  
Name of Child

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Town, State

Please list any physical limitations (allergies, hearing, sight, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date



**Additional Required Information for Camp Registrants**

**Proof of Immunization**

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Pursuant to NJAC 8:57-4, all campers must be immunized against diphtheria, tetanus, polio, measles, pertussis, mumps, and rubella and show proof of immunization or receive an exemption.

I hereby attest that my child has been properly vaccinated. (Please fax proof to 201-215-0768)

\_\_\_\_\_  
(Signature of parent or guardian)

My child has not been vaccinated, but a letter requesting exemption is attached:

\_\_\_\_\_  
(Signature of parent or guardian)

**Medication:**

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\*\*\*We do not administer medication of any kind at CSA Swim or Kayak Camp\*\*\*

**Pickup Details:**

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The following people have permission to pick up my child, \_\_\_\_\_  
from CSA Swim Camp:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**Food and Other Allergies:**

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Please list known allergies and indicate symptoms and severity:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_