

Canal Dock – Summer Camp Registration 2020

STUDENT INFORMATION

Name:		
Date of birth:	Gender: M ___ F ___	Phone:
Current address:		
City:	State:	ZIP Code:

EMERGENCY CONTACT

Name:		Email:
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

OTHER INFORMATION

Do you have a medical condition of which we should be aware? If yes, please explain:

Do you have any rowing experience? If yes, please describe:

PROGRAM FEES

The fees for the program are as follows: (circle one)

1 week/half-day program: \$300	New Haven public school student applying for scholarship	
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WAIVER/SWIM TEST

I am aware that I must sign the Canal Dock Waiver, pass a swim test, and submit the Swim Test Certification form before attending the fall program. I also agree to review Canal Dock's Safety Manual.

Signature of applicant:		Date:
Parent/Legal Guardian Name:		
Address:		Phone:
City:	State:	ZIP Code:

RETURN OF FORM AND PAYMENT:

Please return forms in PDF format by email or regular mail.

By mail: Canal Dock, PO Box 8442, New Haven, CT 06530	By email: camps@canaldock.org
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For more information, please e-mail: camps@canaldock.org