

MRSC Kids Program Application



MADISON
RACQUET & SWIM CLUB

203-245-9444 • mpsc@madisonracquet.com • www.madisonracquet.com

Kids Club

Lunch Club

Serve & Splash

Parent or Guardian Information

Students Information

Parents First Name:	First Name:
Parents Last Name:	Last Name:
Pick up Name:	Date of Birth: / / Age:
Address:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Grade:
Town:	Administration of Medication: Yes <input type="checkbox"/> No <input type="checkbox"/>
Zip:	Emergency Contact:
Email:	Emergency Phone:
Home Phone:	Work: Cell:

Check off the Programs you would like and submit a 25% deposit with application.

Sessions	1	2	3	4	5	6	7	8	9	10
10 Weeks	6/17 <input type="checkbox"/>	6/24 <input type="checkbox"/>	7/1 <input type="checkbox"/>	7/8 <input type="checkbox"/>	7/15 <input type="checkbox"/>	7/22 <input type="checkbox"/>	7/29 <input type="checkbox"/>	8/5 <input type="checkbox"/>	8/12 <input type="checkbox"/>	8/19 <input type="checkbox"/>
			Mem	Non-Mem	Additional Information					
Mad Kids Club			\$190.00 <input type="checkbox"/>	\$255.00 <input type="checkbox"/>	MRSC offers a 10 % discount for 3 or more weeks in the same family. A deposit of 25% of the program fee is required to register and hold a place in a session. Full amount of the weekly program fee is due 2 weeks prior to the start of each weekly session. Payments are refundable minus a cancellation fee of 10% of the cost of the program for cancellations 2 weeks or less prior to the session start date. If you checked the box administration of medication please fill it out the form and hand in prior to the start of the program.					
Week 3 (4th of July)			150.00 <input type="checkbox"/>	205.00 <input type="checkbox"/>						
			Mem	Non-Mem						
Serve & Splash			\$140.00 <input type="checkbox"/>	\$195.00 <input type="checkbox"/>						
Week 3 (4th of July)			\$110.00 <input type="checkbox"/>	\$155.00 <input type="checkbox"/>						
			Mem	Non-Mem						
Mad Lunch Club			\$55.00 <input type="checkbox"/>	\$75.00 <input type="checkbox"/>						
Week 3 (4th of July)			\$45.00 <input type="checkbox"/>	\$60.00 <input type="checkbox"/>						
Total Due										
Notes:										
					Check: <input type="checkbox"/> Check #					
					CC Type					
					#					
					Exp. Date / /					
					Amount paid:					
Signature:					Date: / /2019					
Mail Form to: Madison Racquet & Swim Club P.O. Box 508 Madison, CT 06443										