



# FRIENDS ACADEMY SUMMER CAMPS

DUCK POND ROAD  
LOCUST VALLEY, NY 11560  
TEL: (516) 393-4207 FAX: (516) 465-1720



## RECREATION PROGRAM APPLICATION 2011

### MEMBERSHIP INFORMATION (please print or type)

Last Name \_\_\_\_\_

Father's First Name \_\_\_\_\_ Mother's First Name \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_

Bus. Phone (Mother) \_\_\_\_\_ Bus. Phone (Father) \_\_\_\_\_

Child/Children's Names	Age	Birth Date	Grade in Sept.
1. _____			
2. _____			
3. _____			
4. _____			

### MEMBERSHIP RATES

Family Membership.....	600.00
Individual.....	250.00
Guests (per day).....	6.00
*Individual Swimming Lessons - 1/2 hour.....	35.00

\*Swimming Lessons need to be pre-arranged and scheduled through our camp office.

*Program membership entitles members to participate in swimming and tennis under suggested guidelines on reverse side of this application.*

PLEASE READ REVERSE SIDE

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## Recreation Program - 2010

The Friends Academy Recreation Program offers limited memberships to those families and individuals who wish to avail themselves of our tennis and swimming facilities. Our swimming facilities will be open daily from the end of June (opening date to be announced on website) through August 21<sup>st</sup>, 2011. The pool and locker rooms are available weekdays from 4:30PM until 7:00PM and from noon to 7:00PM on weekends. The Friends Academy tennis courts are available to members of the Recreation Program, except during the day (9:30-4:30) when camp programs are using the courts.

Nassau County certified lifeguards will supervise all swimming activities during the time the pool is open. In addition, all children under the age of 16 must be accompanied and supervised by an adult while at our pool facility. Individual and group lessons in swimming may be arranged by contacting the Summer Camp office.

### MEMBERSHIP REGISTRATION CARDS

Membership cards may be obtained from the Camp Office during the week between the hours of 9 AM and 4 PM.

### PARENTAL PERMISSIONS

CONSENT FOR EMERGENCY CARE: I give consent to Friends Academy, Locust Valley, New York, to administer any emergency medical treatment to my child. I understand that every effort will be made to notify me in case of emergency.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

### ADMISSION PROCEDURES

Admission to Friends Academy Recreation Program is premised upon the following:

- a. Filing of this application, completed and signed with payment in full.
- b. Filing of signed Release Agreement.

Please send application and payment to: FRIENDS ACADEMY SUMMER CAMPS,  
DUCK POND ROAD, LOCUST VALLEY, NEW YORK 11560

Date \_\_\_\_\_

Total Enclosed \_\_\_\_\_

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### FOR OFFICE USE ONLY

Membership  
Received

Total Charges

Check No.

Amount

Date

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