



## Summer Camp Program 2018 REGISTRATION FORM

*A Form Must Be Completed Per Child  
\$25 Registration Fee*

Child's Name \_\_\_\_\_

Child's Age \_\_\_\_\_ Child's Gender \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Member # \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Emergency Contacts:**

1. Name \_\_\_\_\_ Phone # \_\_\_\_\_

2. Name \_\_\_\_\_ Phone # \_\_\_\_\_

**SPCC SUMMER FUN CAMP**

I am registering my child for Summer Camp Ages 5-13: (Child must be 5 by May 29<sup>th</sup>)  
Monday-Friday, 7:30am-6:00pm

Please check off the weeks you would like to enroll your child in camp:

- |   |   |
|---|---|
| ___ Week 1 (May 29-June 1) <i>Star Wars</i>     | ___ Week 6 (July 2-6; no camp on 4 <sup>th</sup> ) <i>Despicable Me</i> |
| ___ Week 2 (June 4-8) <i>Luau</i>               | ___ Week 7 (July 18-13) <i>Music &amp; Art Fun</i>                      |
| ___ Week 3 (June 11-15) <i>Travel the World</i> | ___ Week 8 (July 16-20) <i>Mad Science</i>                              |
| ___ Week 4 (June 18-22) <i>Wild, Wild West</i>  | ___ Week 9 (July 23-27) <i>Back to the Future</i>                       |
| ___ Week 5 (June 25-29) <i>Archaeology</i>      | ___ Week 10 (July 30-Aug.3) <i>Super Heroes v. Villains</i>             |
|   | ___ Week 11 (Aug.6-10) <i>Saying Goodbye</i>                            |

**Rate: \$175 (plus tax) per week (Includes 2 snacks & lunch daily); \$45 per day, \$25 Half Day**

**Please, check if your child is also enrolled in** (separate cost)

Tennis Camp                      and/or                       Golf Camp

# HOSPITAL RELEASE

Child's full legal name \_\_\_\_\_ Child's preferred name \_\_\_\_\_  
Child's birth date \_\_\_\_\_ Child's Gender \_\_\_\_\_  
Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_  
Family Dentist \_\_\_\_\_ Phone # \_\_\_\_\_  
Child's Allergies \_\_\_\_\_  
Date of last DPT or tetanus shot \_\_\_\_\_  
Has child had: Surgery \_\_\_\_\_ Accidents \_\_\_\_\_  
Serious Illness \_\_\_\_\_ Explain \_\_\_\_\_  
\_\_\_\_\_  
List identifying scars, birthmarks, skin discolorations \_\_\_\_\_  
\_\_\_\_\_  
Medical insurance company \_\_\_\_\_  
Policy Number \_\_\_\_\_

I, \_\_\_\_\_, hereby give my consent to any hospital and/or licensed Physician to administer necessary treatment to the above-named child in the event of an emergency, at which time it is imperative, or I cannot be reached. I give my consent for my child to be transported by ambulance if the situation warrants.

I, \_\_\_\_\_ (parent/guardian) have enrolled my child, \_\_\_\_\_ in the Summer Youth Program at St. Petersburg Country Club (hereinafter referred to as "Club"). I fully recognize the risks of injury or illness inherent in participation in any Youth Program and I represent to the Club that I have consulted my personal physician or other health authority and my child is physically capable of participating in such program. I release the Club and/or its officers, directors, contract workers, agents, employees, from any and all liability of any kind or nature in connection with my child's participation in the Youth Program. I further indemnify and hold harmless the Club from any and all claims, actions, demands, costs, liabilities, fees and costs of judgments whatsoever. I hereby execute and deliver this Release and indemnification to the Club and induce the Club to permit my child's participation at my own risk and without any representations of any kind or character having been made by the Club and/or its officers, directors, employees, agents.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date