



**Summer TENNIS Camp Program 2018
REGISTRATION FORM**

A Form Must Be Completed Per Child

***\$25 + Tax Registration Fee (Non-Members make separate check payable to: SPCC)
(If you paid for another camp, i.e. kid's or golf, you don't need to pay this again)***

Child's Name _____
 Child's Age _____ Child's Gender _____ Member # _____
 Address _____
 City, State, Zip _____
 Home Phone _____ Cell Phone _____ Business Phone _____
 E-mail _____

>>>Check the weeks and the days you are registering for<<<

ENROLLMENT IS MANDATORY

Junior Campers: 10am to Noon | Sign up by the day or the entire week.

Pee Wee Tennis; Red Ball (ages 4-7)

Beginners, Intermediate & Advanced Players; Orange ball, Green Dot ball & Regular Ball

____ Week 1 (May 29 - June 1)	Campers: No Mon Tue____ Wed____ Thur____ Fri____
____ Week 2 (June 4-8)	Campers: Mon____ Tue____ Wed____ Thur____ Fri____
____ Week 3 (June 11-15)	Campers: Mon____ Tue____ Wed____ Thur____ Fri____
____ Week 4 (June 18-22)	Campers: Mon____ Tue____ Wed____ Thur____ Fri____
____ Week 5 (June 25-29)	Campers: Mon____ Tue____ Wed____ Thur____ Fri____
JULY 2-6 NO TENNIS CAMP	
____ Week 6 (July 9-13)	Campers: Mon____ Tue____ Wed____ Thur____ Fri____
____ Week 7 (July 16-20)	Campers: Mon____ Tue____ Wed____ Thur____ Fri____
____ Week 8 (July 23 - 27)	Campers: Mon____ Tue____ Wed____ Thur____ Fri____
____ Week 9 (July 30 - Aug 3)	Campers: Mon____ Tue____ Wed____ Thur____ Fri____

>>>>**There is no camp the week of July 4th**<<<<

Daily Junior Campers: \$20.00 per day | \$80 per week when you pay in advance.
 Save \$10 on the weekly rate for each additional child.

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 _____

Emergency Contacts

1. Name _____ Phone # _____
2. Name _____ Phone # _____

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