



## Summer Camp Program 2019 REGISTRATION FORM

*Membership is Required*

May 28 – August 9, 2019  
Monday – Friday, 7:30 AM – 6:00 PM  
*No Camp July 4<sup>th</sup> / Ages 5-13 (must be 5 by May 28, 2019)*  
*A form must be completed for each child attending camp.*

**\$25.00** Registration Fee Per Child

RATE: **\$175.00** Per Week, **\$45.00** Per Day, **\$25.00** Half Day (5 hrs.) + Tax  
*Includes lunch and 2 snacks daily*

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

Print : **Last**

**First**

Child's Age \_\_\_\_\_ Child's Gender \_\_\_\_\_ Birth Date \_\_\_\_\_

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

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Best Contact Phone Number: (\_\_\_\_) \_\_\_\_\_ Cell \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_  
Area Number Check One

**Emergency Contacts:**

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

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

Please check the weeks you would like to enroll your child in camp.  
Some Themes will be two weeks. See Below:

\_\_\_ Week 1 (May 28-May 31) *Never, Never Land*  
\_\_\_ Week 2 (June 3-7) *When I grow up....*

\_\_\_ Week 7 (July 8-12) *Mad Science*  
\_\_\_ Week 8 (July 15-19)

\_\_\_ Week 3 (June 10-14) *Focus on Health/Fitness*  
\_\_\_ Week 4 (June 17-21) *Exercise, Sports*

\_\_\_ Week 9 (July 22-26) *Drama/Music/Dance*  
\_\_\_ Week 10 (July 29-Aug 2)

\_\_\_ Week 5 (June 24-28) *Water, Water*  
\_\_\_ Week 6 (July 1-5) *All Things Board Games*

\_\_\_ Week 11 (Aug 5-9) *Saying Goodbye*

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 birth date: \_\_\_\_\_ Child's Gender: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Family Dentist \_\_\_\_\_ Phone #: \_\_\_\_\_

Date of last DPT or tetanus shot: \_\_\_\_\_

Has child had: Surgery \_\_\_\_\_ Date: \_\_\_\_\_ 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

## LIST ALL ALLERGIES

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## DROP OFF OR PICK AUTHORIZATION (Other than Parent/Guardian)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_