



# 2023 SPCC Summer Kid's Class Registration

One Form Per Student – Membership Required  
Per Class Fee: **\$35 Taxes Apply**

Al La Carte Lunch Menu Available (at extra cost)  
*Class Fees Applied to Member Accounts at Conclusion of Attended Weeks*

Student's First and Last Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade Year (Fall): \_\_\_\_\_

Parent's First and Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Member #: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Business Number: \_\_\_\_\_

## EMERGENCY RELEASE

Child's Full Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

Medical Insurance Co: \_\_\_\_\_ Policy#: \_\_\_\_\_

Please Designate if Child Had Surgery: \_\_\_\_\_ Date: \_\_\_\_\_ Accidents: \_\_\_\_\_

Serious Illness: \_\_\_\_\_ Explain: \_\_\_\_\_

List identifying scars, birthmarks, skin discolorations: \_\_\_\_\_

List Allergies: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Drop Off/Pick Up Authorization Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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 such cause.

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

## 2023 SPCC CLASS SELECTION

Morning (AM): 9:00am to 12:00pm / Optional Lunch: 12:00pm to 12:45pm / Afternoon (PM): 1:00pm to 4:00pm  
*Please note that class schedules and times may vary based on weather related events.*

<b>Week 1: June 6 - 8</b>	Tuesday	Wednesday	Thursday
AM Golf			
AM Tennis			
Lunch (Optional)			
PM Kids Club			

<b>Week 2: June 13 - 15</b>	Tuesday	Wednesday	Thursday
AM Golf			
AM Tennis			
Lunch (Optional)			
PM Kids Club			

<b>Week 3: June 20 - 22</b>	Tuesday	Wednesday	Thursday
AM Golf			
AM Tennis			
Lunch (Optional)			
PM Kids Club			

<b>Week 4: June 27- 29</b>	Tuesday	Wednesday	Thursday
AM Golf			
AM Tennis			
Lunch (Optional)			
PM Kids Club			

<b>Week 5: July 5 &amp; 6</b>	Tuesday	Wednesday	Thursday
AM Golf			
AM Tennis			
Lunch (Optional)			
PM Kids Club			

<b>Week 6: July 11 - 13</b>	Tuesday	Wednesday	Thursday
AM Golf			
AM Tennis			
Lunch (Optional)			
PM Kids Club			

<b>Week 7: July 18 - 20</b>	Tuesday	Wednesday	Thursday
AM Golf			
AM Tennis			
Lunch (Optional)			
PM Kids Club			

<b>Week 8: July 25 - 27</b>	Tuesday	Wednesday	Thursday
AM Golf			
AM Tennis			
Lunch (Optional)			
PM Kids Club			

<b>Week 9: August 1 - 3</b>	Tuesday	Wednesday	Thursday
AM Golf			
AM Tennis			
Lunch (Optional)			
PM Kids Club			