



2026 SPCC Summer Kid's Class Registration

One Form Per Student - Members Only

SPCC Member Class Fee: **\$45 Per Class / Per Day / Per Student**

Tuesday – Friday 9:00 am – 12:00 pm

Charges will be applied to member accounts

Advance Registration Required for all Students

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

2026 SPCC SUMMER KIDS CLASS SELECTION

Class Times (Tuesday - Friday): 9:00am to 12:00pm

Please email updated registration weekly for:

jleonard@stpetecountryclub.com (Golf Classes) & spcctennis@stpetecountryclub.com (Racquet Classes)

As a courtesy, we appreciate advanced class registration by the Friday before the upcoming scheduled program week.

Week 1: June 2 - 5	Tuesday	Wednesday	Thursday	Friday
Golf				
Tennis				

Week 2: June 9-12	Tuesday	Wednesday	Thursday	Friday
Golf				
Tennis				

Week 3: June 16-19	Tuesday	Wednesday	Thursday	Friday
Golf				
Tennis				

Week 4: June 23-26	Tuesday	Wednesday	Thursday	Friday
Golf				
Tennis				

Week 5: July 7-10	Tuesday	Wednesday	Thursday	Friday
Golf				
Tennis				

Week 6: July 14-17	Tuesday	Wednesday	Thursday	Friday
Golf				
Tennis				

Week 7: July 21-24	Tuesday	Wednesday	Thursday	Friday
Golf				
Tennis				

Week 8: July 28-31	Tuesday	Wednesday	Thursday	Friday
Golf				
Tennis				

Student's First and Last Name: _____

Date of Submission: _____

Member #: _____ Email: _____