



2012 Summer Tennis Camp Registration

Name: _____

Week #1 June 11-15
Week #2 June 18-22, Tennis or Multi Sport
Week #3 June 25-28 prorated to 4 days
Week #4 July 2-6 Tennis or Multi Sport
Week #5 July 9-13
Week #6 July 16-20 Tennis or Multi Sport
Week #7 July 23-27
Week #8 July 30-Aug 3 Tennis or Multi Sport
Week #9 Aug 6-10
Week #10 Aug 13-17

CAMP TIME

*Full day camp 8:30am-3:00pm for ages 7 and up. Lunch included

*Half day camp 8:30am-11:00am for ages 4 and up

**Tennis Academy, Player Development 12:00pm-2:30pm

CAMP COST

*Full day camp \$250/week (non-member), \$218/week (member)

*1/2 day camp \$175/week (non-member), \$144/week (member)

**Tennis Academy, Player Development \$187/week(non-member), \$150/week (member)

One time Registration fee of \$25 (per family) for all camps

Extended Camp Pricing: 3pm-5pm

Member: \$12 per day/\$55 per week

Non-Member: \$15 per day/\$70 per week

Weeks Selected _____

Total Charge _____

Summer Camp Waiver

Child's name _____ Birthday _____ Age _____

Allergies _____
Medical conditions _____

Parent's name _____

Address _____ City/zip _____ Phone # _____

Work #'s Dad _____ Mom _____ E-mail _____

Emergency contact- Name _____ Phone # _____

I have provided the above information and will notify caregiver of any changes as they occur. I, or one of my emergency contacts, will be within a 10-mile radius of Blakeney Racquet and Swim Club of Charlotte.

Signature _____

Date _____

Consent to Medical Care and Treatment

In the event that I cannot be contacted immediately, medical or surgical treatment can be administered to my child in the case of an accident or emergency, as prescribed by a treating physician, and hold Blakeney Racquet and Swim Club (BRSC) and its employees harmless.

Waiver: I/we agree that the BRSC and affiliates shall not be responsible for any personal injuries or losses sustained in our premises or programs. I/we further agree to indemnify and hold harmless the BRSC from any claims or demands arising out of any claims or losses.

Parent's Signature _____ Date: _____

Emergency Information

Child's Physician: _____ Phone _____

Preferred Hospital: _____ Phone _____

Insurance Company: _____ Policy #: _____

Regular Medications: _____

Medicine Allergies: _____