



## 2010 Summer Tennis Camp Registration

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

Week #1 June 7-11

Week #2 June 14-18

Week #3 June 21-25

Week #4 June 28-July 1 this week 4 day only, with price prorated.

Week #5 July 5-9

Week #6 July 12-16

Week #7 July 19-23

Week #8 July 26-30

Week #9 Aug 2-6

Week #10 Aug 9-13

**Weeks 2, 4, 6, and 8 multi sport camp offered and all 10 weeks Tennis only camp offered**

### Camp Times

\*Full day camp 8:30am-3:00pm Lunch and Swimming included

\*Half day camp 8:30am-11:00am Snacks and drinks included

\*Tennis Academy 12:00pm-3:00pm

### 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 \$187/week (non-member), \$150/week (member)

\*One time Registration fee of \$25 (per family)

### Extended day camp

\*Option #1 3:00pm-4:30pm \$10/child per day

\*Option #2 3:00pm-6:00pm \$18/child per day

Week of Selection: \_\_\_\_\_

Total Payment \_\_\_\_\_

# Summer Camp Registration

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 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 and its employees harmless.

Waiver: I/we agree that the BRCC 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 BRCC 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: \_\_\_\_\_