



**SUMMER JUNIOR TENNIS CAMPS
REGISTRATION FORM 2020**

NAME _____ **AGE** _____

ADDRESS _____

Email: _____ **PHONE #** _____

WEEK 1	May 26–May 29	_____	(4 day/wK)
WEEK 2	June 1-5	_____	
WEEK 3	June 8-12	_____	
WEEK 4	June 15-19	_____	
WEEK 5	June 22-26	_____	
WEEK 6	June 29-July 3	_____	
WEEK 7	July 6-10	_____	
WEEK 8	July 13-17	_____	
WEEK 9	July 20-24	_____	
WEEK 10	July 27-31	_____	
WEEK 11	Aug 3-7	_____	
WEEK 12	Aug 10-14	_____	

RACQUET CLUB MEMBER # _____ **\$200**

NON MEMBER _____ **\$225**

CASH _____ **CHECK** _____

ABLE TO SWIM? **Yes** **No** **(please circle)**

FOOD ALLERGIES? **Yes** **No** **(please circle). If yes, please list:**

GENERAL RELEASE OF LIABILITY:

We hereby release for and on behalf of ourselves, and our minor child, Racquet Club of St. Petersburg, all owners and employees of the above establishments, from any and all damages and/or personal injury that may occur in and from any connection with a Racquet Club of St. Petersburg sponsored event. We the undersigned have read this release and understand all its terms and hereby executor it voluntarily with all knowledge and understanding of its significance. Parents and/or all Guardians are responsible for showing ID and signing In/Out Form on Desk.

MEDICAL RELEASE:

We hereby also consent to emergency or hospital services that may be rendered by an accredited hospital, or by an appointed physician or physicians, in the event such need arises in the opinion of a duly licensed physician.

Signature of Parent or Guardian

Date