

RCSP
TINY TOTS TENNIS CAMP
REGISTRATION FORM 2026

Date: _____

Parent Name _____

Child Name _____ **Age** _____

Email _____ **Phone** _____

Camp: Suitable for Ages 4-6. 9am-12pm

Please check all weeks that your child would like to attend:

Racquet Club Member Rate:
\$225/ week
Charge Account #: _____
Member Daily Rate: \$60
Non-Member Rate
\$250 per week
Non-Member Daily Rate: \$65

Week 1	June 1 st – June 5 th	<input type="checkbox"/>
Week 2	June 8 th – June 12 th	<input type="checkbox"/>
Week 3	June 15 th – June 19 th	<input type="checkbox"/>
Week 4	June 22 nd – June 26 th	<input type="checkbox"/>
Week 5	June 29 th – July 3 rd	<input type="checkbox"/>
Week 6	July 6 th – July 10 th	<input type="checkbox"/>
Week 7	July 13 th – July 17 th	<input type="checkbox"/>
Week 8	July 20 th – July 24 th	<input type="checkbox"/>
Week 9	July 27 th – July 31 st	<input type="checkbox"/>
Week 10	August 3 rd – August 7 th	<input type="checkbox"/>
Week 11	August 10 th – August 14 th	<input type="checkbox"/>
Week 12	August 17 th – August 21 st	<input type="checkbox"/>

Payment Type:
 Charge Account Check CC Cash

RAIN OUT POLICY

Morning cancelation (before camp starts)– Credit for the day can be applied to another week
 Midday rain cancelation – No refund as we will most likely still have indoor camp – if you pick up
 early, still no refund.

CANCELLATION POLICY

If you would like to cancel your camp registration, please cancel by **May 15th** to get a **full refund**,
2 weeks prior for 75% refund, or 1 week prior for 50% refund.

There will be **no refunds** for cancellations made the week of camp unless accompanied by a
 doctor's note for 100% refund. 1 week is transferable to another week or another child.

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 execute 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 physician, in the event such need arises in the opinion of a duly licensed physician.

 Signature of Parent or Guardian

 Date