



# 2020 SUNSET TENNIS CAMP

## REGISTRATION FORM

Childs Name: \_\_\_\_\_ Parents Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Childs Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

### ALLERGIES

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### CHECK THE WEEKS ATTENDING

- Week 1: June 15th - 18th  
 Week 2: July 6th - 9th  
 Week 3: August 3rd -6th

### PAYMENT METHOD

- Check  
 Credit Card on File  
 Credit Card

Total Due:

\_\_\_\_\_

CC#: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Zip: \_\_\_\_\_ CV Code: \_\_\_\_\_

### WAIVER

I, myself, parent or guardian, hereby assume all risks and hazards of activities that pertain to these camps. I release Sunset Club, LLC, B. Smith Holdings LP, employees, volunteers or anyone associated with said companies from all liabilities and I hereby waive my all claims against them. I understand that no insurance coverage is provided to camp participants by either of the Sunset Club LLC or B. Smith Holdings LP.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date