



HIGH SCHOOL TENNIS CAMP

REGISTRATION FORM

Childs Name: _____ Parents Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Childs Age: _____ Birth Date: _____

Email: _____

Emergency Contact: _____

Phone: _____ Relationship: _____

CHECK THE WEEKS ATTENDING

Week 1: June 22nd - 25th
 Mon Tue Wed Thu

Week 2: August 17th - August 20th
 Mon Tue Wed Thu

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