

# TENNIS CAMP 2017 REGISTRATION FORM



3738 Northwood Avenue, Easton, PA 18045  
www.NorthwoodRFC.com | 610.258.2907

## ACADEMY SUMMER CAMP

Please fill out one form per child.

Name of Player: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Parent: \_\_\_\_\_ Parent Email: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Camper Shirt Size (circle one): Youth small, medium or large. Or Adult small, medium, large or extra large

Level of experience: \_\_\_\_\_ USTA National/Sectional Ranking: \_\_\_\_\_

PRICING OPTIONS			
Check:	Number of days	Half-day (9 AM—12 PM) or (1 PM—4 PM)	Full-day (9 AM—4 PM)
<input type="checkbox"/> Half <input type="checkbox"/> Full	Single day	\$50	\$90
<input type="checkbox"/> Half <input type="checkbox"/> Full	4 day pass	\$185 (\$46.25 per day)	\$325 (\$81.25 per day)
<input type="checkbox"/> Half <input type="checkbox"/> Full	8 day pass	\$370 (\$46.25 per day)	\$650 (\$81.25 per day)
<input type="checkbox"/> Half <input type="checkbox"/> Full	12 day pass	\$531 (\$44.25 per day)	\$951 (\$79.25 per day)
<input type="checkbox"/> Half <input type="checkbox"/> Full	16 day pass	\$676 (\$42.25 per day)	\$1236 (\$77.25 per day)
<input type="checkbox"/> Half <input type="checkbox"/> Full	<b>Grand Slam Pass</b> (unlimited camp days)	\$1020	\$1805

Passes may be shared between siblings attending the Academy Camp.

Passes may be used any day the summer camp is offered.

Camp runs Monday - Thursday, June 26 - August 24. No camp July 4th. No camp week of July 31st.

Passes may **only** be used for summer camp.

I understand that purchased camp days are forfeited if not used by August 24, 2017.

I understand that I must reserve a spot in the camp for my child at least 8 hours before the start of the camp day. I may cancel up to 2 hours before the start of the camp day.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please fill out the back of this form —>

Desk Staff only: Date: \_\_\_\_\_ Initials: \_\_\_\_\_ Discount applied: \$ \_\_\_\_\_

# TENNIS CAMP 2017 RELEASE FORM



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Name of Camper: \_\_\_\_\_

Age: \_\_\_\_\_

**GENERAL:** In registering my child as a participant in the 2017 Northwood Summer Tennis Camp, I understand my child assumes any and all risks which might be associated with its activities and waive and release all rights and claims for damages which my child, heirs, executors, administrators, assigns, or I may have against Northwood Racquet & Fitness Club its director, coaches, or representatives, for any and all injuries or damages of any kind suffered as a result of participation in 2017 Northwood Summer Tennis Camp.

**PHOTOGRAPHY:** Northwood occasionally takes photographs for instruction and marketing purposes. I authorize Northwood to take, use, publish, and reproduce photographs, moving pictures, of my child for its teaching, documentation, or public relations.

Photographs are OK Initial \_\_\_\_\_

No, thanks, I do NOT want any photos taken Initial \_\_\_\_\_

**MEDICAL:** I, the undersigned, as Parent/Guardian of camper: \_\_\_\_\_, give my consent for emergency first--aid/medical/surgical treatment of my child in the unlikely event that medical attention may be necessary.

Does your child suffer from any allergies (food, insect stings, etc.) that could be problematic while he/she is at camp? (Y / N ). If yes, please describe allergen, typical reaction, and treatment:

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

Physician's Name: \_\_\_\_\_

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

Insurance Provider: \_\_\_\_\_

Policy No. \_\_\_\_\_

Additional Emergency Contact Name and Phone: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_