

ball-point pen Please use

2017 SUMMER CAMP ENROLLMENT APPLICATION

Com

PLEASE CHECK SESSION DATES ATTENDING:

HPTA 601 Righters Ferry Road, Bala Cy
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Cynwyd, PA 19004 610-664-3242
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Full Day/Half Day_

_6) July 17 — July 21 (SJU) _5) July 10 - July 14 (SJU) _4) July 3 - July 7 *Pro rated for July 4 (SJU)

_3) June 26 - June 30 (CC) _2) June 19- June 23 (CC) 1) June 12 - June 16 (CC)

_9) Aug 7 — Aug 11 (SJU) _8) July 31 — Aug 4 (SJU)

7) July 24 - July 28 (SJU)

10) Aug 14 – Aug 18 (CC) 11) Aug 21 — Aug 25 (CC)

.12) Aug 28 — Sept 1 (CC)

HOW TO ENROLL:

Please check one:(QuickStart _	Elite-in-Training		High Performance	ce Adult Program
Player's First Name	Midd	Middle Initial	Last Name	ıme	
Home # Work #	*	Cell#		En l	Email Address
Street Address	Apt.	City		State	Zip Code
Birth Date:	Sex	Sex (M/F):			
Insurance Carrier:					
Insurance Numbers:					
Allergies to food, medications, etc:	ions, etc:				
Medications currently taking:	ing:				
If different from above:					
Mother/Parent or Guardian's First Name	dian's First	Name	Initial	Last Name	
Home # Work #	*	Cell#		E	Email Address
Father/Parent or Guardian's First Name	lian's First I	Vame	Initial	Last Name	
Home # Work #	*	Cell#		En	Email Address
Street Address	Apt.	City		State	Zip Code
Emergency Contact Name and Relationship: Home # Work # Cell #	me and Rel	ationship:_			
I hereby authorize the staff of High Performance Tennis Academy to act for me in accordance with their best judgn emergency requiring medical attention and I hereby waive and release HPTA, AFC Bala Cynwyd, and Saint Joseph from any and all liability for any injuries or illnesses incurred while at camp. I have no knowledge of any physical impairment that would be affected by the above named camper's participation in the camp program, as outlined website and in the HPTA Camp Brochure. I give permission to HPTA, LLC to use photography/videography taken duactivities for promotional purposes.	of High Perfor al attention ar r any injuries o affected by the mp Brochure. I urposes.	mance Tennis A Id I hereby wai Ir illnesses incu e above named give permissio	cademy to a ve and releas red while at camper's pai n to HPTA, LL	et for me in accord e HPTA, AFC Bala (camp. I have no k ticipation in the co	I hereby authorize the staff of High Performance Tennis Academy to act for me in accordance with their best judgment in any emergency requiring medical attention and I hereby waive and release HPTA, AFC Bala Cynwyd, and Saint Joseph's University from any and all liability for any injuries or illnesses incurred while at camp. I have no knowledge of any physical impairment that would be affected by the above named camper's participation in the camp program, as outlined on the website and in the HPTA Camp Brochure. I give permission to HPTA, LLC to use photography/videography taken during tennis activities for promotional purposes.
Parent or Guardian Signature: —	lre:				

EARLY REGISTRATION DISCOUNTS:

Junior/Adult Early Registration Discount - 10% discount when paid in full before April 1st

5% discount when paid in full before May 1st

Please note that credit card information is secure and will not be shared.

CID

Signature:

Credit Card

Family Member Discount - 10% off 2nd child when enrolled in same session

20% off 3rd child when enrolled in same session

JUNIOR CAMP DISCOUNTS:

Multiple Week Discount - 10% off every week over and above 2 weeks

(only applicable when paying in full)

website and notice board for the latest rules and policies.

cancelled within one month of camp. Normal rules and policies apply. Please check the Cancellation Policy — 50% refund if cancelled outside of one month of camp/no refund if HPTA. Space is limited and will be available on a first come, first serve basis.

Please fill-out both sides of this form completely, sign and pay by credit card or check to