



# STONEY CREEK TENNIS CLUB & STONEY CREEK TENNIS ACADEMY CAMP REGISTRATION 2018

<b>Master Contact</b> (18 years or older)				
Last Name		First Name		
Main Phone		Alternate Phone		
Email				
Home Address				
City		Postal Code		
<b>Camper 1</b>				
Last Name		First Name		
Birth Date		Allergy or other health info		
<input type="checkbox"/> Male <input type="checkbox"/> Female				
<b>Camper 2</b>				
Last Name		First Name		
Birth Date		Allergy or other health info		
<input type="checkbox"/> Male <input type="checkbox"/> Female				
<b>Emergency Contact</b> (other than master contact)				
Last Name		First Name		
Main Phone		Alternate Phone		
<b>Program Details</b>				
<input type="checkbox"/> July 9-13 <input type="checkbox"/> July 16-20 <input type="checkbox"/> July 23-27 <input type="checkbox"/> July 30-Aug 3 <input type="checkbox"/> August 13-17 <input type="checkbox"/> August 20-24				
<input type="checkbox"/> <b>KIDDIE CAMP</b> (ages 5 and under) August 7-10				
Extended Supervision? <input type="checkbox"/> Yes <input type="checkbox"/> No         *Extended supervision from 8:00 a.m. to 5:30 p.m. for an additional \$15.00				
I give permission for the use of my child's photo to be used on our website and for other promotional purposes by The Stoney Creek Tennis Club <input type="checkbox"/> Yes <input type="checkbox"/> No				

*"I hereby release the Stoney Creek Tennis Club and Stoney Creek Tennis Academy from all claims for damages arising from participation of the applicant during the program, including any location where a program is held, (i.e. field trips, organized swim, etc.) except where such damage or injury results from the negligence of the Stoney Creek Tennis Club and Stoney Creek Tennis Academy employees. Permission is hereby granted to the Stoney Creek Tennis Club, Stoney Creek Tennis Academy, and all its representatives to transport my child to a local doctor or hospital for medical treatment if necessary."*

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Signature of Parent or Guardian

\_\_\_\_\_  
Date