

BLAIRWOOD SUMMER CAMP REGISTRATION

- Please mail **or** Fax Registration Form with payment to:

Blairwood Tennis, Swim & Fitness
9300 Blairwood Road
Louisville, KY 40222
Fax: 425-7918



- There is a limited enrollment in all camps, with registrations taken on a First come, First served basis.
- Email confirmation will be sent out prior to the start of camp.
- Children must be picked up promptly at the end of camp.

Please place a (v) in the appropriate boxes

<u>DATES</u>	<u>HALF DAY</u>	<u>FULL DAY</u>	<u>DATES</u>	<u>HALF DAY</u>	<u>FULL DAY</u>
June 6-10	<input type="checkbox"/> 9am-12pm <input type="checkbox"/> 1-4pm	<input type="checkbox"/> 9-4pm	July 11-15	<input type="checkbox"/> 9am-12pm <input type="checkbox"/> 1-4pm	<input type="checkbox"/> 9-4pm
June 13-17	<input type="checkbox"/> 9am-12pm <input type="checkbox"/> 1-4pm	<input type="checkbox"/> 9-4pm	July 18-22	<input type="checkbox"/> 9am-12pm <input type="checkbox"/> 1-4pm	<input type="checkbox"/> 9-4pm
June 20-24	<input type="checkbox"/> 9am-12pm <input type="checkbox"/> 1-4pm	<input type="checkbox"/> 9-4pm	July 25-29	<input type="checkbox"/> 9am-12pm <input type="checkbox"/> 1-4pm	<input type="checkbox"/> 9-4pm
June 27-July 1	<input type="checkbox"/> 9am-12pm <input type="checkbox"/> 1-4pm	<input type="checkbox"/> 9-4pm	Aug 1-5	<input type="checkbox"/> 9am-12pm <input type="checkbox"/> 1-4pm	<input type="checkbox"/> 9-4pm
July 5-8 (off 4 th)	<input type="checkbox"/> 9am-12pm <input type="checkbox"/> 1-4pm	<input type="checkbox"/> 9-4pm	Aug 8-12	<input type="checkbox"/> 9am-12pm <input type="checkbox"/> 1-4pm	<input type="checkbox"/> 9-4pm

SWIM SKILL LEVEL

To participate in Supervised Free Swim, child must have the following minimum skill level: able to get into pool by self, go under water, hold breath, front & back float.

HOW MUCH DO I OWE? (Please note: The camper must be a Blairwood member to receive member rate.)

Camp(s) Registering for:	<u>Half Day</u>	<u>Full Day</u>	<u>AMOUNT DUE</u>
Member:	\$ 99	\$175	\$ _____
Non-Member:	\$135	\$225	\$ _____

Full payment is due with registration. Payable by Check, Visa, Master Card, American Express or Discover.

If Credit Card: TYPE CARD(v) Visa Master Card American Express Discover

Name of Cardholder: _____ **Amount Due:\$** _____

Card # _____ **Expiration Date:** _____

Signature of Cardholder: _____

Please Note: Only the amount you have indicated will be charged to your credit card.

Refunds can be given if a conflict arises, however, there will be a \$25 processing fee for all refunds.

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Applicant Information (Must be 5 years old by date camp begins)

CAMPER (1): Last Name _____ First Name _____

Age: ____ Date of Birth ____/____/____ Sex: Male Female

CAMPER (2): Last Name _____ First Name _____

Age: ____ Date of Birth ____/____/____ Sex: Male Female

CAMPER (3): Last Name _____ First Name _____

Age: ____ Date of Birth ____/____/____ Sex: Male Female

Street Address _____ City _____ State _____ Zip _____

Email Address: _____ (Required for confirmation)

Parent/Guardian Information

MOTHER LAST NAME FIRST NAME WORK PHONE CELL PHONE

FATHER LAST NAME FIRST NAME WORK PHONE CELL PHONE

In the event the Parent/Guardian cannot be reached in case of an emergency, please contact:

LAST NAME FIRST NAME WORK PHONE CELL PHONE

Parent/Guardian Agreement *Please read carefully and sign below:*

In consideration of registering my child (or dependent, if Guardian; both hereinafter referred to as "Participant") for the Blairwood Tennis and Swim Camp(s) (the "Camp") at Blairwood Tennis, Swim and Fitness Club ("Blairwood"), I certify that Participant is of normal health and in proper physical condition to participate in the Camp, and has not been otherwise informed by a physician. On behalf of Participant, I acknowledge that I am aware of the risks inherent in participating in tennis and swimming (both practice and competition); that tennis and swimming are physical sports which can require considerable running, starting, stopping and physical exertion; in heat and humidity; and could potentially lead to over heating and dehydration; possible limb injuries; possible permanent disability and death; and agree to assume all of those risks and to waive any and all rights to claims for injuries, loss or damages arising out of the Participant's participation in the Camp(s).

I further certify that the Participant maintains adequate health insurance to cover any injuries occurring as a result of participation in the Camp(s) at Blairwood.

In the event I cannot be reached in an emergency, I hereby give permission to the Blairwood staff to secure emergency medical services, including transportation and physician.

PRESS/MEDIA RELEASE: We permit the free use of our name and family members names and pictures used on this application in broadcasts, telecasts, newspapers, brochures, and any other form of communication to which such use may be applied.

SIGNATURE OF PARENT(S)/GUARDIAN: _____

- BOTH SIDES OF THIS REGISTRATION FORM MUST BE COMPLETED -