

LTC SUMMER CAMP REGISTRATION

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

Louisville Tennis Club
 2011 Herr Lane
 Louisville, KY 40222
 Fax: 423-1446

- There is a limited enrollment in all camps, with all 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 4-8*	<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

* Cost will be Pro-rated

Tournament Elite Prep Camp

Monday – Friday 4-6 p.m.

- Pre-Creaseon: May 31- June 3
- Mid Summer Tune Up: June 20-24
- Pre-State Closed: July 18-22

Futures Tournament Camp

Monday – Friday 3-6 p.m.

- Session I: June 13-17
- Session II: July 11-15
- Session III: July 25-29

HOW MUCH DO I OWE? (Please note that camper must be a LTC member to receive the member rate.)

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

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

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

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.

- BOTH SIDES OF THIS REGISTRATION FORM MUST BE COMPLETED -

LTC SUMMER CAMP REGISTRATION FORM

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 Louisville Tennis Club Summer Tennis Camp(s) (the "Camp") at Louisville Tennis Club ("LTC"), I certify that Participant is of normal health and in proper physical condition to participate in the Summer Tennis Camp(s), 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 (both practice and competition); that tennis is a physical sport 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 Summer Camp(s).

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

In the event I cannot be reached in an emergency, I hereby give permission to the LTC 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 -