



2018 SUMMER SPORTS CAMP

Student _____ DOB _____ Age _____
 Address _____ City _____
 State _____ Zip _____ Hm# _____ C# _____
 T-shirt Size YOUTH S M L ADULT S M

Father (or guardian) _____ Mother (or guardian) _____
 Address _____ Address _____
 State _____ Zip _____ Hm # _____ State _____ Zip _____ Hm# _____
 W# _____ C# _____ W# _____ C# _____
 Email _____ Email _____

week	DATES	Camp Weeks* Full Day (9am-4pm) \$165	LESS DISCOUNTS	Early Drop Off* (7:30am – 9am) (check boxes that apply) \$25/week	Late Pick Up* (4pm – 6pm) (check boxes that apply) \$30/week	Amount
1	June 4-8	\$	\$	\$	\$	\$
2	June 11-15	\$	\$	\$	\$	\$
3	Jun 18-22	\$	\$	\$	\$	\$
4	Jun 25-Jun 29	\$	\$	\$	\$	\$
5	July 2-6	\$	\$	\$	\$	\$
6	July 9-13	\$	\$	\$	\$	\$
7	July 16-20	\$	\$	\$	\$	\$
8	July 23-27	\$	\$	\$	\$	\$
9	July 30 - Aug 3	\$	\$	\$	\$	\$
10	August 6-10	\$	\$	\$	\$	\$
Subtotal						\$
\$25 Registration Fee						\$ +
TOTAL DUE						\$

CANCELLATIONS

All cancellations must be submitted in writing Longwood Athletic Club. The registration fee is non-refundable. All other monies will refunded less 25% service charge (based on the total pre-paid fees) will be given for cancellations received at least fourteen (14) days in advance of the first day of the registered camp session. All cancellations received less than fourteen (14) days in advance of the first day of the registered camp session will result in forfeiture of all pre-paid fees.

Initial here _____



SUMMER SPORTS CAMP REGISTRATION FORM

Student Name _____

MEDICAL EMERGENCY INFORMATION & RELEASE
 TO WHOM IT MAY CONCERN: I hereby give consent to any hospital and/or doctor to administer emergency treatment to myself/my child in the event of an emergency, provided such treatment is imperative. I also give consent for myself/my child to be transported by ambulance if the situation warrants and will pay for all medical costs resulting from the necessary medical care.

Family Physician: _____
 Office #: _____
 State any allergies, disabilities, medical conditions or restrictions of the student:

 Does the student receive any medication? YES NO
 If yes, please list: _____

 MEDICAL INSURANCE: _____
 Policy Holder's Name: _____
 Policy #: _____ Exp Date: _____
 SIGNATURE (required for medical release)

 _____ DATE _____

EMERGENCY CONTACT INFORMATION
 Name: _____
 Home: () _____ - _____ Cell: () _____ - _____
 Work: () _____ - _____ Relation: _____

POLICIES

Students may participate when:

1. Registration and medical release forms have been completed and signed. Forms must be signed by a parent or legal guardian.
2. Parent has signed child in on sign-in sheet before each program session.
3. Payment has been received.
4. Rates are prepaid commitments and are not prorated for missed days. Selected days and times cannot be swapped for different days and times during the week/month. **No make up days.**
5. Camp is not cancelled due to rain. The program will occur at the regular scheduled times. **No make up days.**
6. Policies are not negotiable.
7. Students who engage in illegal activity, disrupt others or the community, and do not follow rules set by Longwood Athletic Club, LLC and/or the 2017 Summer Sports Camp staff will be dismissed from the program immediately. Students dismissed from the program will forfeit all or any portion of fees paid to Longwood Athletic Club, LLC for failure to comply.

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Liability and Advertising Release: By signing below I agree that I am the parent/legal guardian of the above student. I further acknowledge and agree that there are certain inherent dangers in playing sports and that Longwood Athletic Club, LLC or Next Generation Tennis Academy, LLC shall not be liable for any personal injuries, property damage or loss sustained by me or my child during their participation in activities on the Longwood Athletic Club premises, whether or not said personal injuries or property damage, or other loss sustained by the undersigned is the result of the negligence of the owners, agents or employees of the facility or of any other persons present on Longwood Athletic Club premises. These conditions apply individually and/or jointly with other players, player's children or guest of players. Longwood Athletic Club does not carry medical insurance for its participants. It is understood that the participants own policy is your only source of reimbursement.
 I hereby authorize the use of my child's name and likeness to be used on any/all promotional/advertising materials for Longwood Athletic Club or Next Generation Tennis Academy. Promotional/Advertising materials may include but are not limited to, website, brochures and press releases.

Parent/Guardian Signature _____ Printed _____ Date _____
 State of _____ County of _____
 The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by
 _____ Personally Known _____ OR Produced Identification _____
 Type of Identification Produced _____

Notary Public _____
 My Commission Expires: _____ Name of Notary _____