

Plantation Tennis Camp
Enrollment Form
You MUST complete this form FRONT and BACK and please PRINT

Asterisk indicates REQUIRED information !!! Please write legibly

CAMPER # 1

Check: _____ **Full Day Tennis Camp** _____ **Half Day Tennis**

Last Name _____ First Name _____ Age _____

Sex: M____ F____ Date of Birth _____ PIN (Security Code) ** _____

◆ Early Drop Off / Aftercare : AM Care 8 - 9AM _____ PM Care 3 - 6PM _____

◆ **Camper Will Attend Week #: 1 _____ (March 29th - April 5th 2010)**

CAMPER # 2

Check: _____ **Full Day Tennis Camp** _____ **Half Day Tennis**

Last Name _____ First Name _____ Age _____

Sex: M____ F____ Date of Birth _____ PIN (Security Code) ** _____

◆ Early Drop Off / Aftercare : AM Care 8 - 9AM _____ PM Care 3 - 6PM _____

◆ **Camper Will Attend Week #: 1 _____ (March 29th - April 5th 2010)**

Authorized Release**

List three people who are authorized to pick up and/or assume temporary care of your child(ren).
Each person listed must provide Camper's PIN at time of release.

Name:	Cell Phone:	Other Phone:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Custody

If Parents are Divorced/Separated, who has **primary** custody?

Who has custody while camper is **attending camp**?

Are there **Court Documents** filed regarding the Custody and/or Release of Camper(s)?
Yes _____ No _____

If Yes; please provide a copy to the Camp Office.
(Papers rec'd by _____ Date _____)



Family Information:

Father's Name _____ **Mother's Name** _____
(Please Print) (Please Print)

Address _____ Address _____
Street Apt. # Street Apt. #

City State Zip City State Zip

Place of Employment _____ Place of Employment _____

Home: _____ Home: _____

Cell**: _____ Cell**: _____

Work: _____ Work: _____

Email ** _____ Email ** _____

****Please write down an email address so that we can send you future camp information**

Medical Information:

If your child(ren) have any allergies or medical information that we need to know please write in below including their name.

Acknowledgement**

My/Our signature(s) below indicates my/our intent and agreement for the noted Camper(s) to attend camp at Plantation Tennis Camp.

Father's Signature _____ **Date** _____

Mother's Signature _____ **Date** _____

Office Use Only Please

Payment Info	Received By	Payment Method (Circle One)
1. _____	_____	CC Cash CH# _____
2. _____	_____	CC Cash CH# _____



**Plantation Pro Shop, Inc. / City of Plantation
d/b/a Plantation Tennis Camp
*Release, Waiver, Financial Responsibility, and
Authorization***

- As a Parent or Guardian, I agree that I will be responsible for any loss, damage or destruction by my camper to any property of Plantation Pro Shop / City of Plantation or to any property for which Plantation Pro Shop/ City of Plantation is liable or chargeable.
- Parent agrees to allow the Plantation Pro Shop / City of Plantation to use my/our camper's photograph, image, likeness in camp publications, promotional materials, website, or other mediums, without compensation and without prior notice. I/we release and hold the camp harmless from any liability stemming from such use.
- I agree to pay Plantation Pro Shop in full (at the published rate and on date due) for all services provided.
- Plantation Pro Shop / City of Plantation may unilaterally dismiss a Camper should it determine that the conduct of the Camper, parent/guardian, or other family member is not in the best interest of The Camp or have violated the Camp Procudures. No Refunds will be issued in the event of such dismissal.

As a parent / guardian of a participant in the program, I recognize and acknowledge that there are certain risks or physical injury and I agree to assume the full risk of any injuries, damages or loss which my minor child / ward or I, may sustain as result of participation in any and all activities connected with such program. I agree to waive and relinquish all claims my minor child / ward or I may have as a result of participating in the program against the City of Plantation / Plantation P Shop Inc. and its officers, agents, and employees.

I hereby fully release and discharge the City of Plantation / Plantation Pro Shop and its officers, agents, and employees from any and all claims resulting from injures, damages and losses sustained by my minor child or me arising out of, connected with, or in any way associated with negligent acts or omissions of me or my minor child.

If I cannot be reached, I hereby give permission for emergency medical treatment, emergency transportation, hospitalization, anesthesia x-rays or necessary injections for my child(ren), and will be responsible for the bills of same. This authorization does not include major surgery, unless life-threatening, and only then when the medical opinions of two (2) licensed physicians or dentists concur in that treatment.

I/We understand that Plantation Tennis Camp / City of Plantation / Planatation Pro Shop will operate our camp unless a Hurriance Warning is issued for our area. If it is raining you have the choice not to bring your child (ren) and you will receive a rain day for a future camp or clinic.

Any campers left at the facility after 3:15pm will be charged for Aftercare.

Parent MUST sign below to indicate that you have read the above Statement and agree to abide with the terms stated.

Camper's Name(s) list all: **

1) _____ 2) _____ 3) _____

Parent / Guardian Name: _____

Signature: _____

Date: _____

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