

# Charlotte Swim & Racquet Club 2018 Summer Tennis Camp Registration & Release Form

## Summer Camp Info

**Junior Tennis Camp:** Ages 5-10yrs. Focus on tennis basics, fundamentals, and an enjoyable introduction to tennis.

**Teen Camp:** Ages 11-15yrs. Focus on stroke production, conditioning, rally skills, and match play.

Camp is Rain or Shine (alternate indoor activities should rain drive campers inside). Participants can sign up weekly as a full-day or half-day participant or on a per day basis.

### Camp Dates:

Week 1: June 11 – June 15

Week 2: June 18 – June 22

Week 3: June 25 – June 29

Week 4: July 9 – July 13

Week 5: July 16 – July 20

Week 6: July 23 – July 27

Week 7: July 30 – August 3

Week 8: August 6 – August 10

Week 9: August 13 – August 17

Week 10: August 20 – August 24 **\*\* Half-day Camp Only**

### Times & Pricing:

**Full-day Camp: 9am-4pm.** Drop off/Pick up at Tennis Gazebo.

Member: **\$245/week | \$55/Pre-signed Daily**

Non-member: **\$260/week | \$60/Pre-signed Daily**

**Half-day Camp: 9am-1pm.** Drop off: Tennis Gazebo. Pick up: Snack Shack in pool area.

Member: **\$160/week | \$35/Pre-signed Daily**

Non-member: **\$175/week | \$40/Pre-signed Daily**

**\*\*All campers must be signed out by pre-approved pick up.\*\***

**Multiple Week Discount:** Register for 3 weeks (or more) and get **15% Off each week.**

### What to bring to camp for Full-day and Half-day Campers:

- Tennis Racquet, Tennis sneakers, and hat.
- Bring a packed lunch or send \$\$ for Snack Shack (hot/cold food available) for lunch break.
- Send bathing suit/flip-flops/sun block/towel (all campers get pool time) for pool break.

For discounted pricing or more info please contact Adam Maskill at [magic\\_maskill@hotmail.com](mailto:magic_maskill@hotmail.com) or 270-559-8659.

## Registration Form

### Full Name of Participant 1:

Age: \_\_\_\_\_ Gender:  Male  Female

Siblings Names(s): \_\_\_\_\_

### Full Name of Participant 2:

Age: \_\_\_\_\_ Gender:  Male  Female

Siblings Names(s): \_\_\_\_\_

### Please Check:

|         | Half Day                 | Full Day                 |
|---------|--------------------------|--------------------------|
| Week 1  | <input type="checkbox"/> | <input type="checkbox"/> |
| Week 2  | <input type="checkbox"/> | <input type="checkbox"/> |
| Week 3  | <input type="checkbox"/> | <input type="checkbox"/> |
| Week 4  | <input type="checkbox"/> | <input type="checkbox"/> |
| Week 5  | <input type="checkbox"/> | <input type="checkbox"/> |
| Week 6  | <input type="checkbox"/> | <input type="checkbox"/> |
| Week 7  | <input type="checkbox"/> | <input type="checkbox"/> |
| Week 8  | <input type="checkbox"/> | <input type="checkbox"/> |
| Week 9  | <input type="checkbox"/> | <input type="checkbox"/> |
| Week 10 | <input type="checkbox"/> | <input type="checkbox"/> |

CSRC Member:  Yes

Mother's Full Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email: (required) \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email: (required) \_\_\_\_\_

Alternate Pick Up

Full Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

**\*\*Above names are considered as pre-approved pick up.\*\***

**Mail all completed applicable forms and Payment to:**  
**Adam Maskill**

**518 Alucio Court Matthews, NC 28104**

Payment Method:  Cash  Check Payable To: Adam Maskill  
 Venmo @Adam-Maskill

### All Forms can be found on CSRC website

1. CSRC 2018 Camp Summer Tennis Registration & Release Form
2. Emergency Contact Form (if applicable)
3. Medications Form (if applicable)
4. Transport Form (if applicable)

## RELEASE, WAIVER AND ASSUMPTION OF RISK

In consideration of being able to participate in the CSRC summer tennis camp, the undersigned as the parent or legal guardian acting on behalf of the participant(s) identified below, and on behalf of the executors, heirs, successors and assigns of the undersigned and the participant(s), hereby acknowledges and agrees as follows:

The undersigned knowingly and fully assumes all risks, known and unknown, associated with the participant's participation in CSRC's tennis camp and all other activities related to CSRC's tennis camp including, without limitation, the participant's use of the swimming pool, playground equipment and participation in other recreational activities on the club grounds. The undersigned hereby waives all claims, demands, actions, losses, causes of action and other liabilities (collectively referred to herein as "Claims") that may arise or result from the participant's participation in such activities and his or her use of the club facilities. This release and waiver covers all damages to person or property and the risks of death, serious injury and property loss (including theft) and expressly includes Claims arising or resulting from (i) negligence or carelessness on the part of CSRC or the other persons or entities being released hereunder as well as other participants in the camp or members or guests of the club, and (ii) dangerous or defective equipment or hazardous conditions on the club grounds. The undersigned certifies that the participant(s) listed on this form are physically fit and may participate in the activities available at CSRC and that he or she has not been advised otherwise by a medical professional. The undersigned, directly and on behalf of the participant and their respective executors, heirs, successors and assigns, hereby releases, discharges and holds harmless CSRC and its officers, directors, agents, employees, contractors, representatives, and their respective affiliates, from any and all Claims arising from death, disability, personal injury, property damage or theft, or actions of any kind. The undersigned acknowledges that the participant shall at all times comply with the rules and conditions of participation expressed or posted at CSRC. If the participant or the undersigned observe any significant hazard during such participation, either the participant or the undersigned will promptly inform an agent of CSRC. The participant and the undersigned acknowledge that this release and waiver of liability form will be used and relied upon by CSRC and that it will govern the participant and the undersigned's actions and rights.

The undersigned further represents that he/she is, in fact, is the parent and or guardian of the participant and has the authority to execute this waiver and release on behalf of the participant and agrees to save and hold harmless and indemnify CSRC and each and all of the parties referred to above of any and all Claims whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act.

Full Name of Participant 1: \_\_\_\_\_

Full Name of Participant 2: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

Date: (mm/dd/yy) \_\_\_\_\_