

PGA National Kid's Summer Tennis Camp

REGISTRATION FORM

Cost for all five days:
\$165 for Members and \$195 for Non-Members
\$50 per day

Week of _____

Child's Name: _____ Age: ____ Gender: __ Male __ Female

Guardian: _____

Address: _____

Phone: _____ Cell: _____

E-Mail: _____

Emergency Contact Information:

Name: _____ Contact Number: _____

Method of Payment:

Member Number: # _____ Cash: _____ Check: # _____

Amount Paid: \$ _____

***IMPORTANT INFORMATION:**

No refunds and or transfers will be made for absences or withdrawals during the camp sessions. PGA reserves the right to cancel any program in the event of insufficient registration.

**No early drop off or unattended children.*

***Authorization for non-parent pick up must be given, photo ID must be presented.*

Signature: _____ Date: _____

Waiver: For good and reasonable consideration received from PGA National Health & Racquet Club, their affiliates and its partners, officers, directors, agents, employees, mortgagees, successors and assigns, including, but not limited to the right to make use of the babysitting, health & fitness and/or other facilities and programs at PGA National Health & Racquet Club, the undersigned acknowledges and agrees that he/she is undertaking the related activity solely at his/her own risk and hereby agrees to release, indemnity, save harmless and defend each of the foregoing from any and all claims for personal injury, property damage, negligence or otherwise suffered by the undersigned arising out of or relating to the use of the babysitting room and all other related facilities at PGA National.