



SUMMER PROGRAM REGISTRATION

Program date(s):

- Week 1: June 8-12 Week 2: June 15-19 Week 3: June 22-26
 Week 4: June 29-July 3 Week 5: July 13-17 Week 6: July 20-24
 Week 7: July 27-31 Week 8: August 3-7 Week 9: August 10-14

***CAMP TUITION DUE ONE WEEK BEFORE SESSION START DATE**

T-shirts required: \$12 each or 2 for \$20 ___S (6-8) ___M (10-12) ___L (14-16)

- _____ \$250 non-member/one week session
_____ \$225 member/one week session
_____ \$450 non-member/two consecutive week sessions
_____ \$400 member/two consecutive week sessions
_____ \$65 non-member daily rate
_____ \$50 member daily rate

*sibling discount is 15%

Child's Name: _____ **Age:** _____ **Gender:** ___ male ___ female

Guardian: _____

Address: _____

Phone: _____ **Cell:** _____

E-Mail: _____

Emergency Contact Information:

Name: _____ **Contact Number** _____

***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*

***\$10 late charge per child after 2 pm every 15 minutes*

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

Signature _____ Date _____

FULL TUITION MUST BE PAID ONE WEEK BEFORE CAMP SESSION

Member Number _____

Tuition (# _____ weeks x's \$ _____ per week(s) \$ _____	_____
Daily Session \$ _____	_____
15% tuition discount for younger sibling (s) _____	- _____
Sub-total \$ _____	_____
T-Shirts \$ _____	_____
TOTAL \$ _____	_____

Amount Paid: \$ _____

Method of payment:

Check Enclosed _____ Visa _____ Master Card _____ Amex _____ Member # _____

Total amount to Charge \$ _____

Card Number: _____ Exp: _____

Sign to authorize billing: _____

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, indemnify, 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.

Return to:

**PGA Health & Racquet Club
Attn: Resort Camp
600 Avenue of the Champions
Palm Beach Gardens, FL 33418**