



STONEY CREEK TENNIS CLUB & STONEY CREEK TENNIS ACADEMY CAMP REGISTRATION 2023

Master Contact (18 years or older)						
Last Name		First Name				
Main Phone		Alternate Phone				
Email						
Home Address						
City		Postal Code				
Camper 1						
Last Name		First Name				
Birth Date		Allergy or other health info				
<input type="checkbox"/> Male <input type="checkbox"/> Female						
Camper 2						
Last Name		First Name				
Birth Date		Allergy or other health info				
<input type="checkbox"/> Male <input type="checkbox"/> Female						
Emergency Contact (other than master contact)						
Last Name		First Name				
Main Phone		Alternate Phone				
Program Details						
Camp 1 <input type="checkbox"/> July 3-7	Camp 2* <input type="checkbox"/> July 10-14	Camp 3 <input type="checkbox"/> July 17-21	Camp 4* <input type="checkbox"/> July 24-28	Camp 5 <input type="checkbox"/> Jul. 31 - Aug .4	Camp 6* <input type="checkbox"/> August 14-18	Camp 7 <input type="checkbox"/> August 21-25
<input type="checkbox"/> KIDDIE CAMP (ages 5 and under) August 8-11 * Full day camps						
Extended supervision* <input type="checkbox"/> Yes <input type="checkbox"/> No *Extended supervision from 8:00 am to 5:30 pm for an additional \$20						
I give permission for the use of my child's photo to be used on our website and for other promotional purposes by The Stoney Creek Tennis Club <input type="checkbox"/> Yes <input type="checkbox"/> No						

"I hereby release the Stoney Creek Tennis Club and Stoney Creek Tennis Academy from all claims for damages arising from participation of the applicant during the program, including any location where a program is held, (i.e. field trips, organized swim, etc.) except where such damage or injury results from the negligence of the Stoney Creek Tennis Club and Stoney Creek Tennis Academy employees. Permission is hereby granted to the Stoney Creek Tennis Club, Stoney Creek Tennis Academy, and all its representatives to transport my child to a local doctor or hospital for medical treatment if necessary."

Signature of Parent or Guardian

Date