

***PGA Kid's  
Summer Tennis Camp***

Cost for all 5 days:  
\$165 for member and \$195 for non-member  
\$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, 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.