

2018 PPRSC Summer Camp Registration Form

Parent Information	
Full Name	
Address	
Home Phone	
Work Phone	
Cell Phone	
Email Address	
Best # for Emergency	

Please fill out and enclose a check made out to Belser Tennis Service and drop off in the little black mail slot on the pro shop wall next to the iron pool entrance gate. For more information, please email Bill Belser at belserbts@yahoo.com or Matt Cory at mctennis@gmail.com.

Dates	Child Name	DOB/Age	Camp
June 11-15			
June 18-22			
June 25-29			
July 2-6			
July 9-13			
July 16-20			
July 23-27			
July 30-August 3			
August 6-10			
August 13-17			

Beginner-Adv Beginner 8:30am-12:30pm
Pee Wees, Tennis 101, Little Aces
\$199 Members, \$215 non-Members
July 2-6: \$160 Members, \$173 Non-Members

Intermediate 10:30am-12:30pm & 4:00-6:00pm
Future Stars, Novice Tournament Players
\$239 Members, \$255 non-members
July 2-6 \$192 members, \$205 Non-members

Single Session (Morning or Afternoon)
\$145 members, \$160 non-members
July 2-6 \$116 members, \$128 non-members

Advanced 9:00am-1:00pm
Academy, USTA Ranked Players, High School Players
\$239 Members, \$255 non-Members
July 2-6: \$192 Members, \$205 Non-Members

Please list any medical problems, if known:

The Undersigned assumes all risk and responsibility with use of Providence Plantation Racquet and Swim Club. Assumption of risk also applies to any guests of the undersigned, including, but not limited to, the undersigned immediate family and guests of the undersigned. And further agrees to hold the club, its agents, and employees free and harmless from damages or liability including, but not limited to, attorney fees, and cost of any injury to a person or property. Such risk includes physical injury when using the facility, loss, damage, or theft of the property, including property in the parking lot or the locker rooms, or property left anywhere else at the club's facilities. The club is not and shall not be responsible for any property lost or property damaged by the undersigned, his/her family or guest on or off the club premises while participating in any club activity, even if such loss is caused by the acts or omissions of other members, staff, or any other person whatsoever. In case of accident of other emergency, personnel of the Providence Plantation Racquet and Swim Club and their agents are hereby authorized to secure medical care for the undersigned, deemed necessary as a result of accident or injury from participation in or in connection with activity named above. The undersigned agrees to pay any and all costs incurred as a result of such treatments.

Child's Name: Please Print _____

Parent's Name: Please Print _____

Parent Date and Sign _____