

2019 PPRSC Summer Camp Registration Form

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

Beginner-Intermediate (Ages 5 & up), Pee Wees, Little Aces, Tennis 101, Future Stars				
Dates	Child Name	DOB/Ages	Level	Fees
June 10-14				FIRST WEEK FEES Beg-Inter.,Pee Wees, Little Aces, Tennis 101 \$219 Members/ \$239 Non Members Future Stars \$219 Members \$239 Non-Members Advanced, USTA Ranked Players, Academy \$250 Members \$275 Non-Members *Discounts for subsequent weeks
June 17-21				
June 24-28				
* July 1-5 (TBA)				
July 8-12				
July 15-19				
July 22-26				
July 29-Aug 2				
August 5-9				
August 12-16				

Please fill out and enclose a check made out to Belser Tennis Service and drop 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 Alfie Bacalja at alfierbacalja@hotmail.com

Thank you.

Please list any Medical Problems if applicable:

The undersigned assumes all risk and responsibility associated with use of the Providence Plantation Racquet and Swim Club. Assumption of risk also applies to any guests of the undersigned, including but not limited to, the undersigned's 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 costs of any injury to a person or property. Such risk include, physical injury when using the facilities, 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 damage by the undersigned, or 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 or 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 of injury from participation in or in connection with activity named above. The undersigned agrees to pay any and all cost incurred as a result of such treatments.

Childs Name: Please Print

Parent Date & Sign

Parent Name Please Print

Payment Due With Registration. Please Make All Checks Payable To Belser Tennis Service