

LAST NAME

# 2017 Youth Summer Camp Registration

AGES 6 - 16

Please fill out the information below and return it to: *Highlands Golf and Tennis Camp* 5163 Clayton Avenue St. Louis MO 63110

For Questions or info, contact Liz Smith at 314-531-7773 or lizsmith@arcisgolf.com

Name of Camper(s):

		Age(s)	
Name(s) of Guardian(s	):		
Address:			
City, State, Zip Code:			
Email:			
Home:	_ Work:	Cell:	

Daily Camp Schedule

Morning Session: 9:30 AM – 12:00 PM Afternoon Session: 1:00 PM – 3:30 PM Full-Day (Lunch Provided): 9:30 AM – 3:30 PM

## Place an "X" on the Line for the Appropriate Week(s) and Camp Type

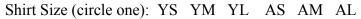
		- Half-Da	ny Camps –		F	ull-Day Cam	ips
	<u>AM</u> <u>Tennis</u>	<u>AM</u> <u>Golf</u>	<u>PM</u> Tennis <sup>#</sup>	<u>PM</u> <u>Golf</u>	<u>Pro</u> Package	<u>Tennis</u> <u>Package</u>	<u>Golf</u> <u>Package</u>
	9:30 AM Noon	9:30 AM Noon	1:00 PM 3:30 PM	1:00 PM 3:30 PM	AM Tennis PM Golf	AM Tennis PM Tennis	AM Golf PM Golf
May 22 – May 26							
May $30 - June 2^*$							
June 5 – June 9							
June 12 – June 16							
June 19 – June 23							
June 26 – June 30							
July 5 – July 7 <sup>*</sup>							
July 10 – July 14							
July 17 – July 21							
July 24 – July 28							
July 31 – August 4							
August 7 – August 11							

\* Shortened Holiday Week (Discount Rates)

# Not for Beginners: PM Tennis is designed to be a competitive instruction period for aspiring high school players

## - All campers will receive a 2017 t-shirt with their registration -

**One Camper – Five-Day Week** PRICING Full-Day Half-Day [includes lunch] \$175 \$325 1 Two Campers (of the same household) - Five-Day Week Full-Day Half-Day [includes lunch] \$320 \$600 2 \$25 Registration/Application Fee One-Time Fee for family 3 \$ 25.00



#### Walk-in Fee (\$25 for Monday registrations)

# Early Bird Discount: No Registration Fee if you register before May 1st!

**Optional Add-On Features:** 

#### **Before/After Care**

Before	After	Before and After	
8:00 AM – 9:30 AM	3:30 PM - 5:30 PM	8:00 AM - 5:30 PM	
\$45	\$75	\$110	5

#### Kids Club

*\$50* (per child) service we offer kids in our camp. Any camper enrolled in the Kids Club is entitled (from their first day of camp until Labor Day) to play unlimited golf and tennis for free before 3:30pm weekdays, after 3:30pm weekends.

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			 -

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Make C	hecks Payable to: High	ands Golf &	<u>k Tennis Center</u>	TOTAL (1 -6)
Circle:	Visa/MasterCard	AMEX	Discover	
Card #:			Exp:	
Security Co	de: (3 digits on back of	credit card)		
Date: /	/ Name:			

#### Parental Responsibility / Involvement

I understand as parent/legal guardian of the above named youth, which is my responsibility to transport or make arrangements for transporting him/her to and from the **Highlands Golf and Tennis Camp (HGTC)** program activities. I agree to have the above named youth (my child) at the **HGTC** Facility prior to the beginning of all scheduled program activities and agree to pick up my child (or arrange for my child to be picked up) within 30 minutes following the scheduled program activities. Failure on my part to comply with this program requirement may necessitate the removal of my child from the program. In addition, I will notify the **HGTC** representative whenever it is necessary for my child to be absent from program activities.

#### Parent / Guardian Initials: \_

I the parent/legal guardian of the above named youth, give approval for participation in the **HGTC** sponsored activities. I assume all risks of injury whatsoever and agree to hold harmless the **HGTC** and Arcis Golf Management from claim(s) of any nature arising from any activity, including transportation, connected with the **HGTC** facility or program. This hold harmless agreement includes, but is not limited to, any claim due to injury proximately resulting from negligence of the **HGTC** or Arcis Golf Management, its employees, agents, USTA, LPGA and PGA Professionals, participating agencies, and volunteers. I consent to the **HGTC** and Arcis Golf Management communicating information regarding my child's participation via the internet.

Parent / Guardian Signature:	Date:	/_	
Please Print Name:			

#### Media Release

I hereby give The Highlands Golf and Tennis, Headquarters Office, and participating agencies permission to use film, video tape and/or photographs of the above mentioned minor for the lawful promotional or informational purposes.

Parent / Guardian Initials: \_\_\_\_\_

#### **CANCELLATION POLICY**

Full refunds given with cancellation before May 1. Before May 21, refunds given with exception of \$25 application fee (where applicable). No refunds given after May 21 except for documented medical conditions from a doctor. HGTC will make every effort to reschedule a camper for a different week if necessary with 7 day notice. Space is limited and HGTC values the experience of every camper. Monday registrations will incur the Walk-In Fee, no exceptions.

Please email <u>lizsmith@arcisgolf.com</u> if payment receipt is needed. Highlands Golf and Tennis Center Tax ID: **75-2798353** 

The Highlands Golf & Tennis Center staff thanks you for your continued support of the Youth Summer Camp and we look forward to another fun summer of golf and tennis with your campers!

#### **Emergency Contact Information**

1. Name: Best Contact Phone #:	Relationship:	
2. Name: Best Contact Phone #:	Relationship:	
3. Name: Best Contact Phone #:	Relationship:	

#### **Transportation List**

To ensure the safety of our campers we ask you to leave a list of people, in addition to guardians listed above, designated to pick up your child or children each day. People on this list will be asked to present ID at pick up.

1.		
2.		
3		

#### Any changes must be made prior to your child's pick up and confirmed by the camp director

#### Allergies:

Special Diet campers may choose to bring their own lunch and receive lunch discount. Our kitchen makes every effort to not use peanut products but HGTC cannot guarantee a peanut free environment.

#### Medical Conditions:

#### **Medicine Authorization:**

All medications should be in Camp Director's possession unless noted below. If medicine is to be administered during camp, please list:

Camper Name:	
Medicine:	Camper Possession YES NO
Dosage:	
Time to be admistered:	
Additional Directions:	
Parent/Guardian Signature:	
Date/Time/Initials when given:	
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