



LAST NAME

2018 Youth Summer Camp Registration

AGES 6 – 16

Return the form via e-mail to lizsmith@arcisgolf.com or send to:
Highlands Golf and Tennis Camp
 5163 Clayton Avenue
 St. Louis MO 63110

For additional info/questions please 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

	<i>Half-Day Camps</i>			<i>Full-Day Camps</i>			
	<u>AM</u> <u>Tennis</u>	<u>AM</u> <u>Golf</u>	<u>PM</u> <u>Tennis</u> [#]	<u>PM</u> <u>Golf</u>	<u>Pro</u> <u>Package</u>	<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 21 – May 25	_____	_____	_____	_____	_____	_____	_____
May 29 – June 1*	_____	_____	_____	_____	_____	_____	_____
June 4 – June 8	_____	_____	_____	_____	_____	_____	_____
June 11 – June 15	_____	_____	_____	_____	_____	_____	_____
June 18 – June 22	_____	_____	_____	_____	_____	_____	_____
June 25 – June 29	_____	_____	_____	_____	_____	_____	_____
July 2 – July 6**	_____	_____	_____	_____	_____	_____	_____
July 9 – July 13	_____	_____	_____	_____	_____	_____	_____
July 16 – July 20	_____	_____	_____	_____	_____	_____	_____
July 23 – July 27	_____	_____	_____	_____	_____	_____	_____
July 30 – August 3	_____	_____	_____	_____	_____	_____	_____
August 6 – August 10	_____	_____	_____	_____	_____	_____	_____

* Shortened Holiday Week (Discounted Rates apply)

** No camp on Wednesday July 4th (Discounted Rates apply)

***Discounted rates are 4/5 the total amount for the camp week, example: \$325 / 5 day = \$65/day, \$65 x 4 days = \$260 for discounted weeks

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

– All campers will receive a 2018 t-shirt with their registration –

Shirt Size (circle one): YS YM YL AS AM AL

One Camper – Five-Day Week

PRICING

Half-Day	Full-Day [includes lunch]
\$175	\$325

1	_____
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Two Campers (of the same household) – Five-Day Week

Half-Day	Full-Day [includes lunch]
\$320	\$600

2	_____
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\$25 Registration/Application Fee <i>One-Time Fee for family</i>
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3	\$ 25.00
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Walk-in Fee (\$25 for Monday registrations)

4	_____
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Early Bird Discount: No Registration Fee if you register before April 1st!

Optional Add-On Features:

Before/After Care

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

5	_____
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Kids Club

\$75 (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 range balls, unlimited golf, and tennis for free before 3:30pm weekdays, after 3:30pm weekends.
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6	_____
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Make Checks Payable to: **Highlands Golf & Tennis Center**

TOTAL (1 -6)

Circle: Visa/MasterCard AMEX Discover

Card #: _____ Exp: _____

Security Code: (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 1st. Before May 20th, refunds given with exception of \$25 application fee (where applicable). No refunds given after May 20th 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 lizsmith@arcisgolf.com 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 (list in contact order)

_____ **Camper Full Name**

1. Name: _____ Relationship: _____
Best Contact Phone #: _____

2. Name: _____ Relationship: _____
Best Contact Phone #: _____

3. Name: _____ Relationship: _____
Best Contact Phone #: _____

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 (\$10 per day).

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 administered: _____

Additional Directions: _____

Parent/Guardian Signature: _____

Date/Time/Initials when given:

