

2017 Summer Camp Registration Form



Child's Name _____ (first) _____ (last) M / F

Address _____ (street address) _____ (city) _____ (state) _____ (zip code)

Age _____ Date of Birth _____ Phone: _____

CAMP HOURS: 9:00 AM – 4:00 PM

Golf/Tennis experience: First time Beginner Some golf/Tennis experience

TENNIS CAMP

June 12th – 16th
June 26th – 30th
July 17th – 21st
July 31st – August 4th

TENNIS SCHEDULE

Tennis – 9:00 am – 11:00 am
Swim – 11:00 am – 12:00 pm
Lunch – 12:00 pm – 1:00 pm
Tennis – 1:00 pm – 2:00 pm
Swim – 2:00 pm – 3:00 pm

GOLF CAMP

June 5th – 9th (Ages 9-13)
June 20th – 22nd (Wee Swingers - ages 4-8)
July 11th – 13th (Wee Swingers - ages 4-8)
July 24th – 28th (Ages 9-13)

GOLF SCHEDULE

Junior Golfers - 9:00 am – 12:00 pm
Lunch – 12:00 pm – 1:00 pm
Swim – 1:00 pm – 3:00 pm
Wee Swingers Golf : 9:00 am – 11:00 am
Lunch – 11:00 am – 12:00 pm
Swim & Pick up – 1:00 pm

- CAMP DEPOSIT - \$50.00 per child, \$100.00 per family. (OKCC members \$25 per child, \$50 per family) due by May 1st, 2017, will be applied to camp fee \$ _____
 - WEEKLY TENNIS & GOLF CAMP FEE - \$250.00 (10% Sibling discount) due May 31st \$ _____
 - WEE SWINGERS GOLF CAMP FEE - \$200.00 (10% Sibling discount) due May 31st \$ _____
- TOTAL FEES:** \$ _____

Payment Method:

Credit Card # _____ Exp. Date _____ Security Code _____ Billing Zip Code _____

Check # _____

OKCC Account# _____

Shirt Size: YS (6-8) YM (10-12) YL (14-16) AS AM AL AXL

List allergies and/or any health issues _____

Emergency Contact Information:

Mother's Name _____ Email Address _____

Cell Phone # _____ Home or Work Phone # _____

Father's Name _____ Email Address _____

Cell Phone # _____ Home or Work Phone # _____

Caregiver _____ Relationship _____

Cell Phone # _____ Home or Work Phone # _____

Are there any court orders relating to the child's custody or release? Yes No (If yes, please provide a copy of the court order.)

Doctor's Name _____ Doctor's Phone # _____

Doctor's Address _____



LIABILITY INFORMATION

CONSENT FOR MEDICAL TREATMENT As the parent or legal guardian of the above- named child. I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

RELEASE OF LIABILITY In consideration of their child being permitted to participate in any event or activity sponsored, promoted, or organized by the Oak Knoll Country Club, the undersigned for himself or herself, personal representatives, heirs, assigns, relatives, and minor child HEREBY RELEASES, Oak Knoll Country Club and its respective insurers, officers, officials, sponsors, employees their agents and, hereas referred to as RELEASES, of any and all liability to the minor child, whether the child is for any purpose participating in such event or activity. It is fully understood by each of the undersigned that there is some inherent risk associated with the activity, including damages to property and personal injury. IN ADDITION, the undersigned AGREES TO INDEMNIFY AND HOLD HARMLESS the releases of any loss, liability damage, or cost they incur due to such participation on by the child, whether caused by Releases' negligent act or omission, acts or omissions of other participants, other persons or otherwise while the minor is participating in any event or activity organized and/or sponsored by the Oak Knoll Country Club.

In signing this release, I hereby acknowledge and represent to Oak Knoll Country Club the following:

1. That he/she has read the foregoing Release and Waiver of Liability and Indemnity Agreement and fully understands its contents.
2. That his/her minor child participating in the event or activity are in good health, physically fit and physically able to participate in the activity.

IMAGE CONSENT/RELEASE I hereby give permission for images of myself and the child for whom I am guardian that are captured during Oak Knoll Country Club Recreation activities or events through video, photo and digital camera to be used for purposes of documentation, promotion, and publicity of the program and its associated activities and waive any rights of compensation on or ownership thereto. As such, I relieve and hereby agree to hold Oak Knoll Country Club, affiliated organizations and sponsors or partners of Oak Knoll Country Club free and harmless from any and all liability arising out of interviews, footage, or photography and subsequent publication or broadcast, I understand that the recording/interviews/photography are being carried out with my consent and so I assume full responsibility.

Parent / Guardian Signature: _____ Date: _____

By submitting this registration on form, you understand and agree to all registration on policies.