

OPRC SUMMER CAMP REGISTRATION

Camp Registration

Please use a separate registration form for each camper.

<i>Week</i>	<i>Half Day</i>	<i>Full Day</i>	<i>Fee</i>
1. June 11- 15	___	___	\$ _____
2. June 18 - 22	___	___	\$ _____
3. June 25-29	___	___	\$ _____
NO CAMP JULY 2-6			
4. July 9 - 13	___	___	\$ _____
5. July 16 - 20	___	___	\$ _____
NO CAMP JULY 23-27			
6. July 30 - Aug 3	___	___	\$ _____
7. August 6 - 10	___	___	\$ _____
8. August 13 - 17	___	___	\$ _____

TOTAL \$ _____

Please send your payment in full with this registration form to insure camper registration. OPRC tennis members may charge camp fees to club account.

PAYMENT: Charge to OPRC account # _____
OP Members ONLY

Check # _____ enclosed

OP Tennis Member: ___ YES ___ NO

Please make checks payable to **OPRC** and mail to:

OPRC Summer Camp
 5630 Sharon View Road
 Charlotte, NC 28226

Camper's Name _____

Age _____ Date of Birth _____

Parent or Guardian _____

Address _____

City _____ St _____ ZIP _____

EMAIL: _____

Camp confirmation may be sent via email.

Phones (1) _____

(2) _____ (3) _____

EMERGENCY INFORMATION & RELEASE FORM

Please list below your primary emergency telephone contact and your second choice. Please indicate the name and relationship of the person to whom that phone rings, i.e. father, grandmother, etc...

CAMPER'S NAME _____

PRIMARY CONTACT

Name _____

Relation _____

Phone (1) _____

Phone (2) _____

SECONDARY CONTACT

Name _____

Relation _____

Phone (1) _____

Phone (2) _____

It is OPRC camp policy to release the child to either a parent or legal guardian. **Please advise staff at the Check-in Desk of the name of anyone else picking up your child:**

Please list your primary care physician and phone number in case of emergency:

Please list any medical conditions of which we should be aware and advise staff at check-in desk:

Upon entrance into the 2018 Olde Providence Racquet Club Junior Summer Camp, I (we) hereby waive and release OPRC, their officers, officials and staff from all claim, liabilities and demands of every kind, nature and description which may be suffered or sustained in connection with activities during the camp and any period traveling to and from same. Parent or legal guardian signature: (required)

Date: _____