



# TENNIS & SPORTS CAMP - 2010 Application (continued)

## Step 2: Select Duration

**Daily Camp Duration** (please check one)

Full Day (9am-4pm) <input type="checkbox"/>	Half Day (9am-12pm) <input type="checkbox"/>	Half Day (1pm-4pm) <input type="checkbox"/>
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## Step 4: Select Extended Care Type

**Extended Care** (please check one)

No Care Required <input type="checkbox"/>	Morning Only (8:00-8:45am) <input type="checkbox"/>	Afternoon Only (4pm-6pm) <input type="checkbox"/>	Morning & Afternoon <input type="checkbox"/>
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Extended Care Rates	Morning Only (8:00am- 8:45am)	Afternoon Only (4:00pm-6:00pm)
Prepaid Rates	\$7.50 / child per day	\$15 / child per day
Hourly Rate (applies when paying on day of care)	\$15 / child per hour	

## Step 5: Payment

Total Camp Price	\$
Total Extended Care Price	\$
<b>SUBTOTAL</b>	\$
<b>Less: 50% Deposit</b> (if applicable)	
<b>TOTAL</b>	
<b>BALANCE DUE</b>	
<b>Must pay in full for discounted rate.</b> 50% deposit is required to lock-in and reserve your camp dates. Balance is due on or before the first day of camp attendance.	

## Step 3: Select Camp Dates

**Camp Sessions:** Please select week(s) of attendance.  
**\*\*Flex pass holders must identify dates of attendance.**

	Mon	Tues	Wed	Thurs	Fri
WK 1 - June 21 - 25					
Wk 2 - June 28 - July 2					
Wk 3 - July 5 - 9					
Wk 4 - July 12 - 16					
Wk 5 - July 19 - 23					
Wk 6 - July 26 - 30					
Wk 7 - Aug 2 - 6					
Wk 8 - Aug 9 - 13					
Wk 9 - Aug 16 - 20					
Wk 10 - Aug 23 - 27					
Wk 11 - Aug 30 - Sept 3					

**\*\* Flex pass holders must identify their dates of attendance in the above box!**  
 However, you can modify these flex dates if you notify us a minimum of **48 hours in advance**. Your cooperation is necessary to facilitate adequate staffing needs.

## Step 6: Method of Payment

<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/>	<input type="checkbox"/>
Date:	Deposit Amount:	Balance Due:	
Credit Card Account Number:			
Credit Card Expiration Date:			
Credit Card Signature:			

**Checks payable to "HTSC" Pay at Tennis Center or Mail to:  
 1217 Spencer Road Ivyland, PA 18974**

## STEP 7: Tennis & Sports Camp POLICIES ♦ RELEASE & WAIVER (Signature required)

### Policies

- Suggested Age of Camper 7 to 13 years ♦ For flex passes, prior to each selected individual day of attendance , a minimum of 24 hour notice must be given!
- We reserve the right to dismiss any student whose behavior is detrimental to the camp.
- Flex Passes are for the use of the named applicant only and cannot be shared, split, altered or combined with any other offer or discount.
- After this offer period, any future camp packages purchased is not retroactive and will be at the applicable rate on the date of purchase.
- No camp refunds for the following: days not used during 2010, absences, late arrivals, early departures, or total withdrawal from camp.
- Campers may not participate unless a COMPLETED medical form with physician's signature is submitted prior to camp attendance.
- For a fee, extended care is available for campers needing drop off before 8:45 am and pick-up after 4:15 pm (pm campers only).

The undersigned, the parent/guardian of the Participant, a minor, agree that I and the Participant will abide by the published John Wunder Tennis Academy ("JTWA") Camp and HOPEWELL TENNIS & SWIM CENTER ("HTSC") Camp Policies and we hereby release and hold harmless JWTA and HTSC, et al, (its affiliates, owners, officers, employees and instructors) from and against any claim by or on behalf of Participant arising out of Participant's involvement in any activities at HTSC and JWTA. I hereby represent that Participant is presently healthy, in sound general physical condition and otherwise competent to participate in activities at HTSC and JWTA. In the event that Participant becomes unable, for any reason, to make such decisions, I hereby authorize and consent for Participant to be transported from HTSC and JWTA for such emergency medical treatment as may be determined to be in Participant's best interests by the appropriate medical personnel, and I and Participant hereby release and hold harmless HTSC and JWTA in connection therewith. I hereby give permission for HTSC and JWTA to use a photo image of Participant for promotional purposes.

Participants Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Parent / Guardian's Printed Name: \_\_\_\_\_

Parent / Guardian's Signature: \_\_\_\_\_

# Youth Camp Health Exam/Record for Campers and Staff

**Physical Exams are valid for 1 year from Date of Last Examination**

To comply with New Jersey State Youth Camp laws and regulations, **Campers will not be able to participate in any activities without a physical form signed by a doctor or school nurse and the below release statement by a parent or guardian.** We ask you to complete and return this form **on or before** the first day that your child attends camp. He or she **will not be permitted** to participate in camp activities until **both sides** of this form have been completed. If you have more than one child participating in camp, please complete a medical form for each child. All information will be kept confidential.

Camper: _____ Staff: _____ (check one)			
Name:	Age:	DOB:	Ht/Wt:
Address:			
Home Phone:		Cell Phone:	
Work Phone:		Other Contact Number:	
Emergency Contact Name:		Emergency Contact Phone:	
Insurance Company Name:		Policy #/Group #:	
DATES of CAMP:			

In consideration of the sign-up for the 2010 Junior Summer Camp program at The Hopewell Tennis & Swim Center, I do hereby for and on behalf of myself and my heirs and legal representatives release and discharge Tar-A-Mar Properties, LLC, Wunder Sports Ent., Inc., T/A Hopewell Tennis & Swim Center, T/A John Wunder Tennis Academy and their officers, Directors, employees and representatives, of and from any and all claims and demands of every kind, nature and character for any loss, injury or damage which my child may suffer or sustain, by negligence or otherwise, in connection with any aspect of the Camp program or any travel to and there from.

\_\_\_\_\_  
Print Name (Parent/Guardian)

\_\_\_\_\_  
Signature (Parent/Guardian)

I hereby give Hopewell Tennis & Swim Center and its representatives the power to authorize and consent to the administration of emergency care by EMT or any other emergency services for my child if an emergency arises.

\_\_\_\_\_  
Print Name (Parent/Guardian)

\_\_\_\_\_  
Signature (Parent/Guardian)

Complete both pages... **PAGE 4 MUST BE COMPLETED**  
**BY PHYSICIAN or SCHOOL NURSE**

# Hopewell Tennis & Swim Center Camp Medical Form (continued)

BOTH SIDES MUST BE COMPLETED IN FULL PRIOR TO PARTICIPATION IN CAMP

**To be completed by the Specified Medical Practitioner:**

Date of Exam: \_\_\_\_\_

\_\_\_\_\_ May participate in all camp activities

\_\_\_\_\_ May participate except for: \_\_\_\_\_

**Medical Information pertinent to routine care and emergencies:**

Is the individual taking prescription medication\*? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, indicate prescription(s) \_\_\_\_\_

\* Please request and complete medication administration consent form if your child requires medication during camp hours.

Does the individual have allergies? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, explain: \_\_\_\_\_

Is the individual on a special diet? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, explain: \_\_\_\_\_

This camper/staff is up-to-date on all the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on immunization Practices:

	Yes	No
Measles		
Mumps		
Rubella		
Chickenpox		
Tetanus		
Hepatitis B		
Diphtheria		
Pertussis		
Polio		

Print name of medical care provider: \_\_\_\_\_

Medical Care Provider's address: \_\_\_\_\_  
\_\_\_\_\_

Medical Care Provider's Phone number: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Physician, APRN or PA)

\_\_\_\_\_  
(Date form Signed)