

## Application for the Tennis Camp

Member Number \_\_\_\_\_

Non-Member

Camper's Name	Age	Birth date	Grade in school (Starting in the fall)	Date
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Parent's Name	Home Phone	Work Phone	Cell/Pager#
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Address	City	Zip	E-mail Address
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In an emergency, call	Relationship	Child's doctor & Phone number
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Physical Restrictions, allergies, other medical concerns

Mark sessions you would like to attend with an 'X'. Please also indicates any special needs your camper has.		
Sessions	Tennis Camp	Please check for Before-Care (7 am - 9 pm)

In Order to reserve a spot, a \$25 **non-refundable** deposit is required per session. Balance is due on the first day of camp. I have read the service side and agree to the terms and conditions on for Camp Lakeridge.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

FOR OFFICE USE ONLY	Deposit	Balance	Before/After	Total