

ATLANTIC BEACH TENNIS CENTER

60 THE PLAZA • ATLANTIC BEACH, NY 11509
 TEL. (516) 239-3388 • www.atlanticbeachtennis.com

CAMPER INFORMATION

_____	_____	_____	_____
First Name	Last Name	D.O.B (Month/Date/Year)	Gender
_____	_____	_____	_____
Street Address	City	State	Zip Code
_____	_____	_____	_____
Home Telephone	Mobile Phone	E-mail Address	
_____	_____	_____	
Emergency Contact (Name)	Emergency Contact Phone (Mobile and Home)	Relationship to Camper	
_____	_____	_____	

Any Additional Information about Camper (Allergies, Medical History): _____

REGISTRATION INSTRUCTIONS: Enrollment is limited and spaces will be reserved on a first-served basis. Spaces will be reserved once Atlantic Beach Tennis Center receives a completed application and payment in full. Campers attending the camp for a daily basis must pay in cash or via credit card day of camp. Per the above policy, Atlantic Beach Tennis Center reserves the right to charge the credit card supplied above for any balance unpaid. Any request for a refund of camp tuition must be received prior days enrolled. No refunds will be given after the camp days.

DISCLAIMER: As parent or legal guardian of the above camper, I hereby give permission for my child to attend in the Atlantic Beach Tennis Camp and agree to comply with all program regulations including the furnishing of Atlantic Beach Tennis Center with appropriate medical exams and records of immunization when requested. In case of accident or injury and an emergency contact person cannot be reached, I grant Atlantic Beach Tennis Center permission to obtain medical attention for my child if necessary, for which I will be financially responsible. I hereby release Atlantic Beach Tennis Center and the staff and management of Atlantic Beach Tennis camps from any and all responsibility for bodily injury, property damage or theft of personal property that may occur while involved in this program on or off the Atlantic Beach Tennis Center site. This release applies individually and jointly with other campers, friends, or family members. I further understand that Atlantic Beach Tennis Center retains the rights to any photographs or video taken at the facility to be used for publicity or advertising.

Parent's Signature _____ Date _____

SUMMER 2015 CAMP SESSIONS

Please check the week(s) your child will be attending camp:

- | | |
|--|---|
| <input type="checkbox"/> Week 1: June 15 – June 19 | <input type="checkbox"/> Week 7: July 27 – July 31 |
| <input type="checkbox"/> Week 2: June 22 – June 26 | <input type="checkbox"/> Week 8: August 3 – August 7 |
| <input type="checkbox"/> Week 3: June 29 – July 3 | <input type="checkbox"/> Week 9: August 10 – August 14 |
| <input type="checkbox"/> Week 4: July 6 – July 10 | <input type="checkbox"/> Week 10: August 17 – August 21 |
| <input type="checkbox"/> Week 5: July 13 – July 17 | <input type="checkbox"/> Week 11: August 24 – August 28 |
| <input type="checkbox"/> Week 6: July 20 – July 24 | <input type="checkbox"/> Week 12: August 31 – September 4 |
| <input type="checkbox"/> Week 13: September 7 – September 11 | |

PAYMENT INFORMATION

<input type="checkbox"/> Cash	<input type="checkbox"/> Check (payable to: Atlantic Beach Tennis Center)																								
<input type="checkbox"/> Credit Card	<input type="checkbox"/> Check payment enclosed for: \$ _____																								
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<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa (No AMEX)	Exp. Date (Month/Year)																								