



## KIDS SUMMER CAMP REGISTRATION

Child's Name: \_\_\_\_\_ Child's Age: \_\_\_\_\_

Member Name: \_\_\_\_\_ Membership #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Shirt Size: \_\_\_\_\_ Cost: \$225.00 per child

### Daily Camp Schedule:

9:00 AM:	Drop off at the Golf Shop
10:00 AM:	Tennis
11:00 Am:	Swimming
11:45 AM:	Lunch provided by Club poolside
12:15 – 12:30:	Pick up at the pool

I, the undersigned, do hereby acknowledge that I have read and signed the "Parent Medical & Liability Release" form and that I do authorize RidgePointe Country Club to charge my account at the club for the camp fee (\$225) to register my child named above for the Summer Day Camp.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date