

Bucks County Racquet Club

2024 Junior Summer Camp Registration - Ages 8 to 17

Junior Name: _____
 Parent Name (or guardian) _____
 Address: _____
 Home Ph#: _____ Work Ph#: _____
 Cell#: _____ E-mail: _____

Date of Birth: _____
 Age: _____ Boy Girl
 Check level of play:
 Beginner Adv. Beg
 Intermed. Advanced

PLEASE CHECKMARK THE DAY-BOX THE STUDENT WILL BE ATTENDING (One registration form per child)
Camp Hours: 9am to 1pm Daily How did you hear about us: Current Student Facebook Macaroni Kids Other _____

	Mon	Tues	Wed	Thurs	Fri
<input type="checkbox"/> Week 1: June 24 to 28					
<input type="checkbox"/> Week 2: July 1 to 3					
<input type="checkbox"/> Week 3: July 8 to 12					
<input type="checkbox"/> Week 4: July 15 to 19					
<input type="checkbox"/> Week 5: July 22 to 26					
<input type="checkbox"/> Week 6: July 29 to Aug 2					
<input type="checkbox"/> Week 7: Aug. 5 to 9					
<input type="checkbox"/> Week 8: Aug. 12 to 16					
<input type="checkbox"/> Week 9: Aug. 19 to 23					
<input type="checkbox"/> Week 10: Aug. 26 to 30					

AMOUNT	May 1/Sibling Discount	TOTAL DUE	METHOD	DATE

CAMP RATES



JUNIOR CAMP
 (Ages 8 to 17)

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Beginner to
 Advanced Players

CAMP DAY: 9am to 1pm
Daily: \$75 • Weekly: \$330

POLICIES

- Camp Tuition due in full at time of reservation.
- 10% off full-paid tuition if paid in full by May 1st, 2024. Sorry, no exceptions past this date!
- 5% off full-paid tuition for each additional child per family.
- 2 weeks notice required, prior to start date to alter schedule.
- No refunds for late arrival, early departure or withdrawal
- Medical waiver forms must be completed prior to the start of camp.

Credit Card Information - Shaded Area Staff Only

Credit Card # _____
 Credit Card Exp. Date: _____
 Date Paid: _____
 Employee Initials: _____

- Logged in Book
- Waiver Form Given
- Signed Waiver Received



Mailing Address: P.O. Box 515 • Washington Crossing, PA
215-493-5666 • www.BucksCountyRacquetClub.com

BCRC Tennis Academy Medical Waiver Form

GENERAL INFORMATION (Please print clearly)

Child's Name: _____ Home Phone: _____
Address: _____ City, State, Zip: _____
Age: _____ Date of Birth: _____ E-mail Address: _____
Parent/Guardian Name: _____ Work #: _____ Cell #: _____
Parent/Guardian Name: _____ Work #: _____ Cell #: _____

EMERGENCY INFORMATION

Please provide the name of someone who can be contacted in the event of an emergency and the parent(s) cannot be reached.

Name: _____ Phone: _____

Relationship to Child: _____

People, other than parents, authorized to pick up your child. (Please be sure your child knows who will be picking him/her up)

Name: _____ Relationship to Child: _____

Name: _____ Relationship to Child: _____

PARTICIPANT'S WAIVER AND RELEASE

BCRC's Tennis Academy offers a program that includes, but is not limited to, tennis instruction, tennis matches and other activities as designed and implemented by our tennis pro staff. I, the undersigned, or the parent or legal guardian of the participant listed below to certify that the participant is in good health and is able and willing to participate in such program.

Furthermore, (name of participant) _____, has my permission to participate in the Tennis Academy at BCRC, Inc. In consideration for this sponsorship, I/we hereby assume all risks and hazards associated with the participation of the above-identified individual and the program and agree to hold harmless BCRC, Inc. and all staff from any and all claims for personal injury or damage to property arising out of the participation in this program whether the result of negligence or any other cause. I agree that BCRC, Inc. shall have the right at its discretion to enforce established rules of conduct and/or terminate my child's participation for failure to maintain these standards or for actions or conduct detrimental to or incompatible with the welfare, comfort, harmony or interest of the group and its program as a whole. I hereby grant BCRC, Inc. and any of their directors or staff full authority to take whatever action they consider to be warranted regarding my child's health and safety, and I fully release all of them from any liability for such actions taken on my child's behalf.

I hereby give permission for BCRC to use a photo image of participant for promotional purposes. Images would be used for club brochures or BCRC website. Photos would not be used or released for any other purpose.

MEDICAL HISTORY AND CONSENT FOR MEDICAL TREATMENT OF MINOR

Describe if your child has any allergies: i.e., medicine, food, insects, sun, grass, etc. or any other medical situation you feel the camp director needs to know (i.e. autism, bipolar, etc.): _____

I hereby give my permission for any and all medical attention necessary to be administered to my child in the event of an accident, injury, sickness, etc. This attention to be given under the direction of the Tennis Academy staff until such time as I may be contacted. I further authorize the Tennis Academy staff in my absence to authorize immediate first aid to my child and emergency transport to the appropriate medical care facility.

I understand that no health, and/or accident insurance is provided for participants and I also hereby assume the responsibility for payment of any such treatment and release BCRC, Inc. and its staff from any and all liability or claims arising out of an injury, accident or sickness to my child.

I certify that I am the parent or legal guardian of the participant named above; that I have read the foregoing waiver and release and consent for medical treatment; and that I join in the release without reservation, granting my full consent to all actions provided for therein.

Signature of Parent or Legal Guardian _____ Date _____