

VANWYKTENNIS

SUMMER CAMP REGISTRATION FORM



Child's name _____ Birth date _____ Age _____

Sex ___M___F T-shirt size _____

Playing level: Beginner _____ Intermediate _____ Advanced _____

Parent name _____

E-mail _____

Home address _____

Home phone number _____ Cell phone _____

Emergency contact name and phone number

Please specify which week you want to sign up for:

Week 1: 19.07 - 23.07 Week 4: 25.07 - 29.07 Week 7: 1.08 - 5.08

Payments can be made to:

Raiffeisenbank Prague:

Coenraad Van Wyk

In Cash in person or by bank transfer:

Account # 7278877001/5500

(Please mention summer camp and kids name)

PRICE: 5800,-Kc incl. Coaching/Court/Snacks/Lunch/Drinks + Gift
(if you sign up brother/sister you get 15% discount on 2nd and/or 3rd child)

DEADLINE: 1 month before starting date, we need to receive a filled out application form and 2000Kc deposit.

The remainder is due upon arrival first day of camp.

CANCELTATION POLICY:

The 2000Kc is a nonrefundable deposit after June 20th unless you have a doctors note.

Medical information

You are the best resource for this information; please complete in full.

Please list any diagnosed condition(s) such as allergies, asthma, ADD, seizures, ear tubes, Asperger's, etc.?

Please list any medical condition including recent bone breaks or illnesses, which would prevent or limit participation in vigorous activities. Please list condition and restrictions.

Please list prescription medications currently being taken:

Please share information to assist staff in grouping or teaching your child.

Parent/Guardian authorization and consent to treat

This health history is complete to the best of my knowledge. The person described has my permission to engage in all Van Wyk Tennis activities.

Bookings are made on the understanding that any participant may be photographed and/or filmed for any publication or production relating to Van Wyk Tennis.

I, the undersigned, waive and release any and all claims for myself and my heirs against Van Wyk Tennis, and any of their employees, agents or sponsors for any injuries or illnesses which may directly or indirectly result from participation in Van Wyk Tennis camp. In addition, I _____, the parent/guardian of

give permission for my child to receive emergency medical treatment. This waiver and release is valid from the date of my signature below, and shall remain effective unless and until modified in writing by the undersigned.

PRINT CHLD'S NAME

PARENT OR GUARDIAN MUST READ THE ABOVE AND SIGN THE

FOLLOWING: I am the parent/guardian of the minor named above and have the legal authority to execute the above release and approve the foregoing.

SIGNATURE _____ DATE

PRINT NAME
