

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 _____ Zip code _____

Home phone number _____ Cell phone _____

Emergency contact name and phone number _____

Travel Insurance is mandatory:

Name of Insurance Company _____

Policy number _____

Insured from-until _____

Phone # of Insurance Company _____

Session(s) Desired: price/week = 850€

(Sunday arrival and assessment / Mo-Fri camp / Saturday departure)

Please tick the box to indicate which week/s of camp you are applying for

- | | | |
|--|---|--|
| <input type="checkbox"/> CAMP 1: July 3 - July 9 | <input type="checkbox"/> CAMP 2: July 10- July 16 | <input type="checkbox"/> CAMP 3: July 17 - July 23 |
| <input type="checkbox"/> CAMP 4: July 24 - July 30 | <input type="checkbox"/> CAMP 5: July 31 - Aug 6 | <input type="checkbox"/> CAMP 6: Aug 7 - Aug 13 |
| <input type="checkbox"/> CAMP 7: Aug 14 - Aug 20 | <input type="checkbox"/> CAMP 8: Aug 21 - Aug 27 | <input type="checkbox"/> CAMP 9: Aug 28 - Sep 3 |

Fee Total: € _____

Please indicate:

Tennis Specific Camp: _____

All Round Camp: _____

Payments can be made to:

Raiffeisenbank Prague:
Coenraad Van Wyk
SWIFT code RZBCCZPP
IBAN CZ0655000000007278877001
Account # 7278877001

HSBC Hong Kong:
Coenraad Van Wyk
Account# 108-632019-833

DEADLINE: By **June 1** we need to receive a filled out application form and full payment.

CANCELATION POLICY:

Between 4 weeks and 2 weeks of start date: 50% charge
Between 2 weeks and 1 week of start date: 70% charge
Between 1 week and start date: 100% charge (including 'no show')

The "start date" is the first day of the whole period booked

Cancellation charges are based on a percentage of the total price for the whole period booked

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 CHILD'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 _____

Please send us this completed form to email address info@vanwyktennis.com.