

# Atlantic Club Summer Camp 2021 Registration

Please Print

Campers Name \_\_\_\_\_

Age \_\_\_\_\_ DOB \_\_\_\_\_

Grade as of Sept 2021 \_\_\_\_\_ Gender \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Cell# \_\_\_\_\_ Work # \_\_\_\_\_

Parent E-Mail Address \_\_\_\_\_

Credit Card # \_\_\_\_\_

Name on Credit Card \_\_\_\_\_

Expiration Date \_\_\_\_\_

#### CANCELLATION POLICY

- If you need to cancel your child's enrollment, cancellations must be made in writing and submitted to camp office by May 15, 2021 in order to receive a full refund. Cancellations after this date will be in the form of a credit to be used towards another program.
- There are no allowances given for late arrival, early dismissal, vacation or illness.
- Three or more changes in your schedule will result in a \$15 change fee. Please be aware that changes may effect your early bird discount.
- We are not responsible for lost or stolen items.

I understand The Atlantic Club Summer Camp Cancellation and Payment policies. I authorize The Atlantic Club to charge my credit card for any outstanding or additional bookings.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Fill out your registration form online!



**PRE-REGISTRATION IS REQUIRED.**

There will be a \$25 Administrative fee for walk-in sign ups on first day of camp. We must have all the children's information prior to the first day of camp. Thank you for choosing The Atlantic Club!

Phone: 732.528.5437 Fax: 732.223.1507

**Week 1 - June 14-18**

<input type="checkbox"/> Rookie Day Camp	***	2yrs – 1 <sup>st</sup> grade	***
<input type="checkbox"/> Adventure Day Camp	***	2 <sup>nd</sup> - 8 <sup>th</sup> grade	***
<input type="checkbox"/> Tennis Academy	\$315	7-17 yrs	9am-12pm

**Week 2 – June 21-25**

<input type="checkbox"/> Rookie Day Camp	***	2yrs – 1 <sup>st</sup> grade	***
<input type="checkbox"/> Adventure Day Camp	***	2 <sup>nd</sup> - 8 <sup>th</sup> grade	***
<input type="checkbox"/> Tennis Academy	\$315	7-17 yrs	9am-12pm
<input type="checkbox"/> Power Tennis	\$345	10-17 yrs	9am-12pm

**Week 3 – June 28-July 2**

<input type="checkbox"/> Rookie Day Camp	***	2yrs – 1 <sup>st</sup> grade	***
<input type="checkbox"/> Adventure Day Camp	***	2 <sup>nd</sup> - 8 <sup>th</sup> grade	***
<input type="checkbox"/> Tennis Academy	\$315	7-17 yrs	9am-12pm
<input type="checkbox"/> Power Tennis	\$345	10-17 yrs	9am-12pm

**Week 4 - July 5-9**

<input type="checkbox"/> Rookie Day Camp	***	2yrs – 1 <sup>st</sup> grade	***
<input type="checkbox"/> Adventure Day Camp	***	2 <sup>nd</sup> - 8 <sup>th</sup> grade	***
<input type="checkbox"/> Tennis Academy	\$315	7-17 yrs	9am-12pm
<input type="checkbox"/> Power Tennis	\$345	10-17 yrs	9am-12pm

**Week 5 - July 12-16**

<input type="checkbox"/> Rookie Day Camp	***	2yrs – 1 <sup>st</sup> grade	***
<input type="checkbox"/> Adventure Day Camp	***	2 <sup>nd</sup> - 8 <sup>th</sup> grade	***
<input type="checkbox"/> Tennis Academy	\$315	7-17 yrs	9am-12pm
<input type="checkbox"/> Power Tennis	\$345	10-17 yrs	9am-12pm

**Week 6 - July 19-23**

<input type="checkbox"/> Rookie Day Camp	***	2yrs – 1 <sup>st</sup> grade	***
<input type="checkbox"/> Adventure Day Camp	***	2 <sup>nd</sup> - 8 <sup>th</sup> grade	***
<input type="checkbox"/> Tennis Academy	\$315	7-17 yrs	9am-12pm
<input type="checkbox"/> Power Tennis	\$345	10-17 yrs	9am-12pm

**Week 7 – July 26-30**

<input type="checkbox"/> Rookie Day Camp	***	2yrs – 1 <sup>st</sup> grade	***
<input type="checkbox"/> Adventure Day Camp	***	2 <sup>nd</sup> - 8 <sup>th</sup> grade	***
<input type="checkbox"/> Tennis Academy	\$315	7-17 yrs	9am-12pm
<input type="checkbox"/> Power Tennis	\$345	10-17 yrs	9am-12pm

**Week 8 – August 2-6**

<input type="checkbox"/> Rookie Day Camp	***	2yrs – 1 <sup>st</sup> grade	***
<input type="checkbox"/> Adventure Day Camp	***	2 <sup>nd</sup> - 8 <sup>th</sup> grade	***
<input type="checkbox"/> Tennis Academy	\$315	7-17 yrs	9am-12pm
<input type="checkbox"/> Power Tennis	\$345	10-17 yrs	9am-12pm

**Week 9 - August 9-13**

<input type="checkbox"/> Rookie Day Camp	***	2yrs – 1 <sup>st</sup> grade	***
<input type="checkbox"/> Adventure Day Camp	***	2 <sup>nd</sup> - 8 <sup>th</sup> grade	***
<input type="checkbox"/> Tennis Academy	\$315	7-17 yrs	9am-12pm
<input type="checkbox"/> Power Tennis	\$345	10-17 yrs	9am-12pm

**Week 10 - August 16-20**

<input type="checkbox"/> Rookie Day Camp	***	2yrs – 1 <sup>st</sup> grade	***
<input type="checkbox"/> Adventure Day Camp	***	2 <sup>nd</sup> - 8 <sup>th</sup> grade	***
<input type="checkbox"/> Tennis Academy	\$315	7-17 yrs	9am-12pm
<input type="checkbox"/> Power Tennis	\$345	10-17 yrs	9am-12pm

Please circle the weeks of camp. Camp drop off is between 8am and 9am. Camp activities begin at 9am.

**ROOKIE CAMP** Ages 2 (by June 1) - 1st Grade

5 Full Days	\$350	9am-3:30pm	1	2	3	4	5	6	7	8	9	10
5 Half Days	\$240	9am-12pm	1	2	3	4	5	6	7	8	9	10

**ADVENTURE CAMP** 2nd-8th grade

5 Full Days	\$350	9am-3:30pm	1	2	3	4	5	6	7	8	9	10
5 Half Days	\$240	9am-12pm	1	2	3	4	5	6	7	8	9	10

Please list, including yourself, who might pick up your child at the end of their day.  
Until we know that person, ID will be required.

NAME	RELATIONSHIP	PHONE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

**MANDATORY HEALTH INFORMATION** (info remains in child's file)

Does your child have physical, medical or emotional problems?      Yes      No

Does your child take any medications on a daily basis?      Yes      No

If yes, list medication:

A Camp Nurse is available on campus to administer any medications, the medications must be in the prescription bottle and a medical authorization form must be signed and on file in the Nurse's Office.

What Allergies does your child have?

Please note any health issues that we need to know about:

A copy of your child's immunization records is mandatory prior to the start of camp. Email Camp Director AllisonS@the-atlanticclub.com or Fax #732-223-1507 Please note the date of your child's last Tetanus shot.

In the event that I cannot be reached, I hereby give permission to the physician selected to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named on this application.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician Name: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

Date of last Physical Exam: \_\_\_\_\_

\*Physical Signature \_\_\_\_\_

Medical exam is preferred but not required by law. \*Only necessary if camper requires medical clearance.

## WAIVER AND RELEASE OF LIABILITY AND CONSENT FOR TREATMENT

I, the undersigned, hereby acknowledge that certain risks of injury are inherent to any children's program, including but not limited to participation in recreational activities, sporting activities, lesson/classroom activities, use of equipment, off-premise activities, transportation to and from the program, a child's failure to follow instructions of supervisors, communicable illness, and independent acts of third parties not under the control of supervisors. I acknowledge that all risks cannot be prevented and that the risk of injury exists in allowing my child/ward to participate in The Atlantic Club Summer Camp. These types of injuries may be minor or serious and may result from one's actions, or the actions or inactions of others or a combination of both. I agree that it is my sole responsibility to ensure my child/ward's fitness to participate in this program. I attest that my child/ward is in sound condition to participate in all activities and I will take responsibility to see that my child/ward is prepared for all activities and is in good health each day of the camp session.

As a condition of acceptance of my child/ward in the Atlantic Club Summer Camp, I hereby knowingly and willingly assume all risks associated with my child/ward's participation therein. In addition, I hereby agree on behalf of myself, my child/ward, their heirs, executors and assigns, to hold harmless, waive and release The Atlantic Club, its Summer Camp and affiliated clubs, its owners, directors, officers, operators, administrators, officials, employees, agents, representatives, and independent contractors from and against any and all claims, demands, losses or liability of any kind or nature which may arise in connection with any and all injuries, loss or damage, including permanent disability, death and damage to property, suffered by my child/ward while enrolled/participating in the Atlantic Club Summer Camp.

In case of medical emergency, I understand that every reasonable attempt will be made to contact me or the emergency contact named below. However, in the event that I or my named contacts cannot be reached, I give my permission to the adults in charge of the Atlantic Club Summer Camp to secure and receive emergency medical or first aid treatment for my child/ward, including transport via ambulance to a hospital if necessary. I consent to the sharing and release of any medical information listed in the Medical Form with the appropriate staff members of The Atlantic Club Summer Camp and/or medical personnel that may be necessary to ensure the safety and wellbeing of my child/ward. I agree to pay for any charges for emergency medical treatment that are not covered by my personal health insurance.

I agree that any photos taken of my child/ward while participating in this activity can be used for marketing and promotional purposes.

I understand that The Atlantic Club reserves the right to refuse the application of any individual based upon the individual's prior violation of any rule or regulation of The Atlantic Club or any past conduct, which in the opinion of Management is detrimental to the welfare, good order, and character of The Atlantic Club and its Members.

I AM THE PARENT/ LEGAL GUARDIAN OF \_\_\_\_\_. I HAVE READ AND UNDERSTAND THE ABOVE WAIVER, RELEASE AND INFORMED CONSENT AGREEMENT IN ITS ENTIRETY. I UNDERSTAND THAT I GIVE UP CERTAIN RIGHTS BY VOLUNTARILY SIGNING IT AND I NEVERTHELESS AGREE TO BE BOUND BY ITS TERMS AND GIVE MY CONSENT FOR MY CHILD/WARD TO PARTICIPATE KNOWING ALL OF THE FOREGOING.

***Please check one:***

- I hereby authorize the Atlantic Club's permission to use my child's photograph in any and all of its publications, including but not limited to all the Atlantic Club's printed, digital, and social media publications.
- I hereby do not authorize the Atlantic Club's permission to use my child's photograph in any publications.

Parent Guardian Name: *(please print)* \_\_\_\_\_

Parent Guardian Signature: *(required)* \_\_\_\_\_

Relationship: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_