



STONEY CREEK TENNIS CLUB & STONEY CREEK TENNIS ACADEMY CAMP REGISTRATION 2025

Master Contact (18 years or older)							
Last Name		First Name					
Main Phone		Alternate Phone					
Email							
Home Address							
City		Postal Code					
Camper 1							
Last Name		First Name					
Birth Date		Allergy or other health info					
<input type="checkbox"/> Male <input type="checkbox"/> Female							
Camper 2							
Last Name		First Name					
Birth Date		Allergy or other health info					
<input type="checkbox"/> Male <input type="checkbox"/> Female							
Emergency Contact (other than master contact)							
Last Name		First Name					
Main Phone		Alternate Phone					
Program Details							
Camp 1	Camp 2*	Camp 3	Camp 4*	Camp 5	Camp 6*	Camp 7	
<input type="checkbox"/> July 7-11	<input type="checkbox"/> July 14-18	<input type="checkbox"/> July 21-25	<input type="checkbox"/> July 28-Aug 1	<input type="checkbox"/> August 5-8	<input type="checkbox"/> August 11-15	<input type="checkbox"/> August 18-22	
<input type="checkbox"/> KIDDIE CAMP (ages 6 and under) July 2-4						* Full day camps	
Extended supervision*		<input type="checkbox"/> Yes	<input type="checkbox"/> No				*Extended supervision from 8:00 am to 5:30 pm for an additional \$20
I give permission for the use of my child's photo to be used on our website and for other promotional purposes by The Stoney Creek Tennis Club							
<input type="checkbox"/> Yes <input type="checkbox"/> No							

"I hereby release the Stoney Creek Tennis Club and Stoney Creek Tennis Academy from all claims for damages arising from participation of the applicant during the program, including any location where a program is held, (i.e. field trips, organized swim, etc.) except where such damage or injury results from the negligence of the Stoney Creek Tennis Club and Stoney Creek Tennis Academy employees. Permission is hereby granted to the Stoney Creek Tennis Club, Stoney Creek Tennis Academy, and all its representatives to transport my child to a local doctor or hospital for medical treatment if necessary."

Signature of Parent or Guardian _____

Date _____