



Junior Sports Camp



Child's Name: _____ Age: _____ Height: _____

Equipment Needs: Racquet: Y / N Clubs: Y / N Right/Left Handed: _____

Food Allergies: _____ Medical Conditions: _____

Parents Name: _____ Phone: _____

Parents Email: _____

Emergency Contact: _____ Phone: _____

Person Picking Child Up: _____ Phone: _____

2022 Camp Sessions

- | | |
|---|---|
| <input type="checkbox"/> Session I June 13th-June 17th | <input type="checkbox"/> Session V July 18th-22nd |
| <input type="checkbox"/> Session II June 20th-June 24th | <input type="checkbox"/> Session VI July 25th-29th |
| <input type="checkbox"/> Session III June 27th-July 1st | <input type="checkbox"/> Session VII Aug. 1st-5th |
| <input type="checkbox"/> Session IV July 11th-15th | <input type="checkbox"/> Session VIII Aug. 8th-12th |

2022 Camp Rates

- Members \$240/Session Non-Members \$300/Session

Includes: Tennis/Golf/Swim and Lunch

- 10% Off Sibling Discount (on second child registering with sibling)

Payment Method

- Member Account Check # _____ CC # _____ Exp _____ / _____

Payment and Cancellation:

Full payment must be received 2 weeks prior to the start of camp to secure your session date.

If no payment is received your session date may be allocated to another camper.

Payments received after Tuesday of the week prior to camp will incur a \$10 late charge.

Release and Waiver of Legal Liability

- I have read and signed the Legend Oaks Release and Waiver of Legal Liability

Parent/Guardian Signature: _____ Date: _____

Return Completed Form With Waiver Release to:

**Legend Oaks Golf & Tennis Club • 118 Legend Oaks Way • Summerville, SC 29485
or email marketing@legendoaksgolf.com**



Release and Waiver of Legal Liability

Summer Camp Swim Lessons Sports Activities Other _____

Child's Name: _____

I _____ the parent/guardian of the above referenced child, hereby give approval for his/her participation in the selected activity at Legend Oaks Golf and Tennis Club.

I understand that the Legend Oaks Golf Operations/Facilities assumes no responsibility for injuries or illnesses, including COVID19, which the above referenced child may sustain as result of physical condition or resulting from participation in any athletic activities, sports program, and the use of any equipment, exercise or other activities. I hereby release and discharge Legend Oaks Golf Operations/Facilities, its agents, assigns and/or employees from any and all claims for injury, illness, death, loss or damage which may result from the above referenced child's participation in these activities.

I further understand that the Legend Oaks Golf Operations/Facilities is not responsible for personal property lost or stolen while members and/or program participants are using the Legend Oaks facilities or on the premises.

I grant permission to Legend Oaks Golf Operations/Facilities to authorize daily temperature checks and to obtain medical care from any licensed physician, hospital or medical clinic, should the above referenced child become ill or injured while participating in activities if I am not available to grant authorization for emergency treatment. I realize I may be responsible for the resulting medical bills.

Known allergies or other medical concerns to be aware of: _____

HAVING READ, UNDERSTOOD, AND AGREED WITH THE TERMS, I HAVE EXECUTED THIS RELEASE, TO BE EFFECTIVELY IMMEDIATELY.

Photo Release Authorization

I additionally give my permission to Legend Oaks Golf Operations/Facilities to use, without limitation or obligation, photographs, film footage, or tape recordings which may include me or my child's image or voice for purposes of promoting or interpreting Legend Oaks Golf & Tennis Club programs.

Parent/Guardian Signature: _____ Date: _____

**Return Completed Form With Registration to:
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