

Parent/Guardian Authorization

I understand that fitness/tennis/swimming and other related activities are physically strenuous activities and that it is solely my responsibility to participate in a manner so as not to endanger the health and safety of myself and others. If factors such as age or medical history require medical supervision, I understand that consultation with my physician is required prior to participation. I recognize that injuries may occur and it is not the responsibility of Westboro Tennis and Swim club to guarantee my safety at all times. Further, I voluntarily assume and thereby release Westboro Tennis and Swim Club's officers and employees in the absence of gross negligence, from all risks of personal property damage and/or loss associated with the use of the club.

Child's Name: _____
Parent's Name: _____
Signature: _____
Date: _____

Camp

Members: \$105/day or \$380/4days
Non-Mem: \$115/day or \$420/4 days

Ext. Day

Members: \$7/hr
Non-Mem.: \$9/hr

Payment

Cash _____ Credit Card _____
Check _____ House Charge _____

Please fill out if paying by credit card

Type _____ # _____

Exp Date _____

Name _____

Signature _____

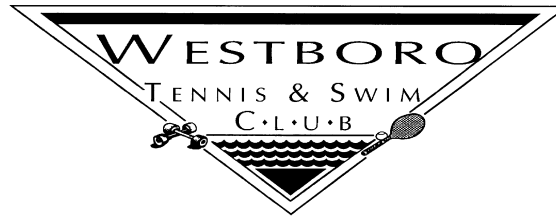
Office Use Only
Date _____
Method of payment _____
Amount paid _____

Cancellation Policy

Vacation Camp days for which you register and do not cancel 72 hours prior to the starting date will be charged the FULL rate unless the slot can be filled.

There will be no credit due to ABSENCE.

The Full camp rate will be charged for NO SHOWS.



35 Chauncy Street
Westboro, MA 01581

Phone (508) 366-1222

Fax (508) 870-0932

www.the.westboroclub.com



www.shutterstock.com - 100527178

Westboro Tennis

&

Swim Club

December

Vacation

Tennis Camp

2016

December 27-30
Tuesday-Friday





December Vacation Tennis Camp Dates

December 27-30
Tuesday –Friday
9am-3pm

Members

\$105.00 per day
\$380.00 for 4 days

Non-Members

\$115.00 per day
\$420.00 for 4 days

Extended Day

\$7/hr Members
\$9/hr Non-Members



December Vacation Tennis Camp 2016 Registration Form (one per camper please)

Name _____

DOB _____ Male/Female

Address _____

Email _____

Phone _____

Tennis Level

Red _____ Orange _____

Green _____ Yellow _____

Emergency contact

Name _____

Phone _____

Food Allergies: no _____ yes _____
specify _____

Please check all that apply:

_____ Member _____ Non Member

Camp Days

_____ Tue _____ Wed _____ Thu _____ Fri

Extended Day

_____ Tue _____ Wed _____ Thu _____ Fri

_____ am _____ pm

About our camp.....

*ages 7-12

Older players should contact
Michael Zatsiorsky
mszatsiorsky@gmail.com

*all levels of play

*players are grouped according
to playing ability

*Team Tennis Format

*fast paced drills

*individual and group
competition daily

*lunch and snack included

Camp Directors

Chris Roginski

stringergirl06@yahoo.com

Kelly Day

coachkellyday@gmail.com