

2019 Summer Programs Enrollment Form

Please complete and return to the Front Desk 512.346.1114 Fax: 512.346.0527
www.riverplaceclub.com Completed forms may be scanned and e-mailed to
reception@riverplaceclub.com. One form per camper.



Participants Name: _____

Girl _____ Boy _____ Age: _____ Date of Birth: _____

Parents Name: _____ Member Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail Address: _____

Payment, Please check: _____ Member Charge

Credit Card Information: _____ Visa _____ MasterCard Name on Card: _____

Exp. Date: _____ Card #: _____

Circle Camps Attending:	Please Check Selected Dates:
Camp River Place (M-F) <i>*Check AM and PM if doing the Full Day of Camp</i> AM Session: 8:30am-12pm PM Session: 11:30am-3:30pm FULL DAY: 8:30am-3:30pm	<input type="checkbox"/> June 3-7 <input type="checkbox"/> June 10-14 <input type="checkbox"/> June 17-21 <input type="checkbox"/> June 24-28 <input type="checkbox"/> July 1-5 (No Camp July 4 th) <input type="checkbox"/> July 8-12 __ AM __ PM __ AM __ PM __ AM __ __ AM __ PM __ AM __ PM __ AM __ PM <input type="checkbox"/> July 15-19 <input type="checkbox"/> July 22-26 <input type="checkbox"/> July 29-August 2 <input type="checkbox"/> August 5-9 <input type="checkbox"/> August 12-14 __ AM __ PM __ AM __ PM __ AM __ PM __ AM __ PM __ AM __ PM
Tot Camp (M, W, F) 8:30am-12pm	<input type="checkbox"/> June 10,12,14 <input type="checkbox"/> June 24,26,28 <input type="checkbox"/> July 8,10,12 <input type="checkbox"/> July 22,24,26 <input type="checkbox"/> August 5,7,9
Tennis Camp (M-F) 8:30-11:30am	<input type="checkbox"/> June 3-7 <input type="checkbox"/> June 10-14 <input type="checkbox"/> June 17-21 <input type="checkbox"/> June 24-28 <input type="checkbox"/> July 1-3 <input type="checkbox"/> July 8-12 <input type="checkbox"/> July 15-19 <input type="checkbox"/> July 22-26 <input type="checkbox"/> July 29-August 2 <input type="checkbox"/> August 5-9 <input type="checkbox"/> August 12-14
Golf Camp (M-F) 9:30-11:30am	<input type="checkbox"/> June 10-14 <input type="checkbox"/> June 24-28 <input type="checkbox"/> July 8-12 <input type="checkbox"/> July 22-26 <input type="checkbox"/> August 5-9
Tap 'N Toe School of Dance (M-Th)	<input type="checkbox"/> June 3-6 (3-5pm) <input type="checkbox"/> June 10-13 (1:30-3:30pm)
WHIZBIZ Kids Camp	<input type="checkbox"/> June 24-28 (9:30am-3:30pm) <input type="checkbox"/> July 22-26 (9:30am-3:30pm)
Weekly Summer Classes:	
Karate Classes	<input type="checkbox"/> Please Send me the 2019 Summer Karate Information
Swim Lessons:	
Private Lessons Offered June 3-August 14	<input type="checkbox"/> Yes, Please contact me to arrange Private Lesson time(s) and date(s) __ AM __ PM Start Date: _____
School of Fish 2 Week Group Lessons: June Session Times 6:00pm July Session Times 10:00am August Session Times 10:00am	Session 1: <input type="checkbox"/> June 3-14 (M,W,F Classes) Session 2: <input type="checkbox"/> June 17-28 (M,W,F Classes) Session 3: <input type="checkbox"/> July 8-19 (M,W,F Classes) Session 4: <input type="checkbox"/> July 22-August 2 (M,W,F Classes) Session 5: <input type="checkbox"/> August 5-14 (M,W,F Classes)
Before-care / After-care:	
<div style="background-color: yellow; padding: 5px;"> <input type="checkbox"/> Yes, I would like to make before-care and/or after-care arrangements for my child for their selected camp(s) for an additional fee of \$15 per hour available between the hours of 8am and 6pm. </div> <input type="checkbox"/> Before-care requested beginning at _____. <input type="checkbox"/> After-care requested until _____.	

**Unscheduled drop-in campers will be charged an additional fee.*

**48 hours or less cancellation will be charged 50% of camp fee. *Please fill out and return the medical release form with your application.*

Parent's Signature: _____ Date: _____



Medical Release Form
River Place Country Club
2019

I _____ (parent/guardian's name) hereby give my
permission for any and all medical attention to be administered to my child
_____ (child's name) in the event of accident, injury, sickness, etc.

I also assume the responsibility for the payment of any such treatment.

Physician Name: _____

Physician Phone Number: _____

Known Allergies: _____

Medications: _____

Date: _____ *Signature:* _____

**This form must be completed and turned in with Camp registration form.
One form per child.*

****If attending Camp River Place, a copy of your child's current shot records will also
need to be turned in by their 1st day of camp.***