



2023 Summer Camp Enrollment Guest Form

Please complete and return to the Front Desk 512.346.1114 x3900
 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: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail Address: _____

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

Exp. Date: _____ Card #: _____

Camps Offered:	Camps Dates:				
Camp River Place (M-F) Register for Camp River Place At: www.kecamps.com	*June 5-9 AM PM	*June 12-16 AM PM	*June 19-23 AM PM	*June 26-30 AM PM	
	*July 5-7 AM PM	*July 10-14 AM PM	*July 17-21 AM PM	*July 24-28 AM PM	
	Please Select Dates Attending:				
Tot Camp (M-Th)	<input type="checkbox"/> June 12-15	<input type="checkbox"/> June 26-29	<input type="checkbox"/> July 10-13	<input type="checkbox"/> July 24-27	<input type="checkbox"/> August 7-10
Tennis Camp (M-F)	<input type="checkbox"/> May 30-June 2	<input type="checkbox"/> June 5-9	<input type="checkbox"/> June 12-16	<input type="checkbox"/> June 19-23	<input type="checkbox"/> June 26-30
	<input type="checkbox"/> July 5-7	<input type="checkbox"/> July 10-14	<input type="checkbox"/> July 17-21	<input type="checkbox"/> July 24-28	<input type="checkbox"/> July 31-August 4
Golf Camp (T, W, Th)	<input type="checkbox"/> June 6, 7, 8	<input type="checkbox"/> June 20, 21, 22	<input type="checkbox"/> July 11, 12, 13	<input type="checkbox"/> July 25, 26, 27	<input type="checkbox"/> August 8, 9, 10
Swim Lessons:					
Private Lessons (June 1- August 14) *Members Only	<input type="checkbox"/> Yes, Please contact me to arrange Private Lesson time(s) and date(s) ___AM ___ PM Start Date: _____				

**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
2023

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.