

# 2021 Summer Camp Enrollment Guest Form

Please complete and return to the Front Desk 512.346.1114 Fax: 512.346.0527  
[www.riverplaceclub.com](http://www.riverplaceclub.com) Completed forms may be scanned and e-mailed to  
[reception@riverplaceclub.com](mailto: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:
<b>Camp River Place (M-F)</b>  Register for Camp River Place At: <a href="http://www.kecamps.com">www.kecamps.com</a>	*June 7 <sup>th</sup> – 11 <sup>th</sup> AM   PM    *June 14 <sup>th</sup> – 18 <sup>th</sup> AM   PM    *June 21 <sup>st</sup> – 25 <sup>th</sup> AM   PM    *June 28 <sup>th</sup> – 2 <sup>nd</sup> AM   PM    *July 5 <sup>th</sup> – 9 <sup>th</sup> AM   PM  *July 12 <sup>th</sup> – 16 <sup>th</sup> AM   PM    *July 19 <sup>th</sup> – 23 <sup>rd</sup> AM   PM    *July 26 <sup>th</sup> – 30 <sup>th</sup> AM   PM
Please Select Dates Attending:	
<b>Tot Camp (M, W, F) 9am – 12pm</b>	<input type="checkbox"/> June 7 <sup>th</sup> – 11 <sup>th</sup> <input type="checkbox"/> June 21 <sup>st</sup> – 25 <sup>th</sup> <input type="checkbox"/> July 5 <sup>th</sup> – 9 <sup>th</sup> <input type="checkbox"/> July 19 <sup>th</sup> – 23 <sup>rd</sup> <input type="checkbox"/> August 2 <sup>nd</sup> – 6 <sup>th</sup>
<b>Tennis Camp (M-F)</b>	<input type="checkbox"/> June 1 <sup>st</sup> – 4 <sup>th</sup> <input type="checkbox"/> June 7 <sup>th</sup> – 11 <sup>th</sup> <input type="checkbox"/> June 14 <sup>th</sup> – 18 <sup>th</sup> <input type="checkbox"/> June 21 <sup>st</sup> – 25 <sup>th</sup> <input type="checkbox"/> June 28 <sup>th</sup> – 2 <sup>nd</sup> <input type="checkbox"/> July 6 <sup>th</sup> – 9 <sup>th</sup> <input type="checkbox"/> July 12 <sup>th</sup> – 16 <sup>th</sup> <input type="checkbox"/> July 19 <sup>th</sup> – 23 <sup>rd</sup> <input type="checkbox"/> July 26 <sup>th</sup> – 30 <sup>th</sup> <input type="checkbox"/> August 2 <sup>nd</sup> – 6 <sup>th</sup> <input type="checkbox"/> August 9 <sup>th</sup> – 11 <sup>th</sup>
<b>Golf Camp (M-F)</b>	<input type="checkbox"/> June 1 <sup>st</sup> – 4 <sup>th</sup> <input type="checkbox"/> June 14 <sup>th</sup> – 18 <sup>th</sup> <input type="checkbox"/> July 5 <sup>th</sup> – 9 <sup>th</sup> <input type="checkbox"/> July 19 <sup>th</sup> – 23 <sup>rd</sup> <input type="checkbox"/> August 2 <sup>nd</sup> – 6 <sup>th</sup>
<b>Kids Can Cad Camp (M-F)</b>	<input type="checkbox"/> June 14 <sup>th</sup> – 18 <sup>th</sup>
Swim Lessons:	
<b>Private Lessons (Starting May 1st)</b>	<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*  
*2021*

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 1<sup>st</sup> day of camp.***