

Method of Payment

- Member Charge # _____
- Cash
- Check
- Visa
- MasterCard
- American Express

Name on Credit Card _____

Credit Card # _____

Exp. date _____

Total Amount _____

Signature _____

Release and Authorization

I hereby authorize my child, _____
to participate in the Scottsdale Resort and Athletic Club
(SRAC) Summer Camp. I hereby waive, release and
discharge any and all rights and claims against the SRAC,
and its officers, employees and agents, from all liability
for personal injury or property damage sustained by my
child while on the premises of the SRAC. I give permis-
sion to SRAC to call a doctor or transport my child to a
hospital for medical care in the event of an emergency.
It is understood that all efforts will be made to locate me
in the event of an emergency. All medical treatment
expenses will be paid by me.

Date: _____

Parent Signature:



*Scottsdale Resort
& Athletic Club*

8225 East Indian Bend Road
Scottsdale, AZ 85250

Phone: 480-991-1571

Fax: 480-948-1863

www.scottsdaleathleticclub.com


*Scottsdale Resort
& Athletic Club*

2011

***“Grand Slam”
Summer Camp***



**Friendships and Fun
Make a
Winning Combination**

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Scottsdale, Arizona 85250
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Welcome to the Scottsdale Resort and Athletic Club Summer Camp!

The response has been great for the past eleven years, so don't miss out on the good times planned for this summer. It's hard to believe that summer vacation is just around the corner. We are excited to offer a variety of fun-filled activities. Your child will be busy from start to finish with arts and crafts, games, movies, swimming, tennis, Kids Fit, martial arts, other sports, and much more! Our Summer Camp provides kids with hours of fun learning in a positive social



environment. We encourage their abilities and their imaginations. The memories of their Summer Camp experience will continue to shine long after it comes to an end. Let your child try us once, and they will want to return year after year. It's a win - win situation for Parents and Kids alike!

CAMP DATES:

Session I: May 31 - June 10 (No camp May 30)
 Session II: June 13 - June 24
 Session III: June 27 - July 8 (No camp July 4)
 Session IV: July 11 - July 22
 Session V: July 25 - August 5

CAMP DAYS: Monday - Friday

CAMP TIMES: 8:00AM - 3:00PM

EXTENDED HOURS: 3:00PM - 5:30PM

FEES:

Fees are based on a 2-week session. One week of a two-week session will be charged at a higher rate. Each additional child from the same family will be at a discounted rate. No credits or make-up will be given for missed camp days. Cancellations within 1 week of session will be charged \$100.00.

	<u>MEMBER</u>	<u>NONMEMBER</u>
2-WEEK SESSION	300.00	350.00
Session I and III	270.00	315.00
ADDITIONAL CHILD-2-wk	250.00	300.00
1-WK of 2 WK SESSION	180.00	205.00
ADDITIONAL CHILD-1-wk	155.00	180.00

Extended Hrs - \$125.00 per 2-week session

AGE REQUIREMENTS: From 5 to 12 years of age.

PRE REGISTRATION: In order to reserve a space in a

session, one-half of the camp fees must accompany your registration. Each session's fees must be paid in full prior to the start of the session.

ARRIVAL/DEPARTURE TIMES: On the first day of the session, please arrive by 7:45am for the initial check-in. After the first day of the session, children should arrive daily at 8:00am and be picked up by 3:15pm, unless the child is registered for extended hours. An additional amount of \$3.00 per half-hour (\$5.00 per half-hour for non-members) will be charged for any child picked up later than 3:15 pm. All parents are required to come inside the Club to pick up their child.

GENERAL INFORMATION: Please provide your child with the following each day:

1. A sack lunch with the child's name or they may order from the restaurant. Every Monday is Pizza Day and children should bring \$3.
2. Tennis racquet
3. Non marking athletic shoes (no open toe shoes)
4. Swimming suit, towel and sunblock
5. Please mark your child's name on all personal belongings.

All kids will receive a free camp t-shirt!

Registration Form

Wk 1 Wk 2 Ext Hrs

Office use Only:
Dep/Date Bal/Date

Session	Wk 1	Wk 2	Ext Hrs	Dep/Date	Bal/Date
Session I					
Session II					
Session III					
Session IV					
Session V					

Please Print

**Complete a separate registration form for each child.
 Complete both sides of registration form**

Child's Name _____

Male _____ Female _____ Age _____

Parent's Name _____

Home Phone(_____) _____

Work Phone(_____) _____

Mobile Phone(_____) _____

Pager(_____) _____

Address _____

City _____ Zip _____

Emergency Contact _____

Relationship _____

Emergency Phone(_____) _____

Please detach registration form and send payment to Scottsdale Resort and Athletic Club, 8225 E. Indian Bend Rd, Scottsdale, AZ 85250. For questions, call (480) 991-1571 or e-mail campdirector@scottsdaleathleticclub.com