



SPRING BREAK CAMP REGISTRATION FORM

Please return to: Marija@COTW.net

Child's Name _____ Age _____ 2nd Child's Name _____ Age _____

3rd Child's Name _____ Age _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Parent's E-Mail _____

Cell Phone _____ Emergency Contact _____

Allergies / Special needs _____

Please check desired option.

Monday, March 20:	<input type="checkbox"/>	FULL / HALF DAY / LUNCH
Tuesday, March 21:	<input type="checkbox"/>	FULL / HALF DAY / LUNCH
Wednesday, March 22:	<input type="checkbox"/>	FULL / HALF DAY / LUNCH
Thursday, March 23:	<input type="checkbox"/>	FULL / HALF DAY / LUNCH
Friday, March 24:	<input type="checkbox"/>	FULL / HALF DAY / LUNCH

I authorize my child to purchase additional snacks:

MEMBERS	NON-MEMBERS
<u>Weekly / Daily</u> Half day = \$370 / \$80 Full Day = \$520 / \$110	<u>Weekly / Daily</u> Half day = \$435 / \$95 Full Day = \$575 / \$120

Pricing includes daily lunch and a snack.

Full payment must accompany registration form.

Total fee \$ _____

Charge my: Visa MasterCard AMEX Discover House Charge Check

CC# _____ Exp. _____ Security Code _____ Zip Code _____

Payment, enrollment and refund policies:

Make checks payable to Coral Oaks Tennis & Wellness. No refunds will be issued after registration is accepted.

Once you have been accepted into a session you may not switch or exchange your session dates.

Liability Disclaimer: in consideration of COTW allowing my child's/children's participation in the camp, I find myself and my child/children release COTW and it's parents and affiliated officers, directors, agents and employees from and waive all claims, damages and liabilities whatsoever for property damage loss, personal injury or death arising from or in connection with my child/ children's participation in the camp. COTW retains all rights to any video and photographs taken during the camp to be use for publicity or advertising.

Parent's signature: _____ Date: _____