



578 Spring Lake Drive
Shreveport, La 71106
(318) 865-4625
Potcinformation1@gmail.com

2017 POTC Summer Camp Registration Form

- Camp is open to children ages 4-17 and of all abilities
- Each participant is required to bring a towel, swimsuit, proper shoes, and sunscreen
- Space is available on first come, first serve basis

Cost:

Members: \$250/Weekly, \$75 Daily

Non-Members: \$300 Weekly/\$100 Daily

For ½ day of Tennis and Lunch ONLY:

Members: \$55

Non-Members: \$75

Daily Schedule of Events:

9:00am-12:00pm: Tennis Instruction with our Pros, teaching various strokes, shots, strategies of the game

12:00pm-1:00pm: Lunch Provided by Pierremont Oaks

1:00pm-3:00pm: Open Swimming/Other Activities

- Drop off is at the front gate ONLY! Check-in will be located inside the front gate
- **Pick up: if you are LATE picking up your child from camp, there will be a LATE charge:**
 - \$10 for 1st 15min, \$1 per minute thereafter

Camper's Name _____ Age _____ Sex _____

Parent's Name _____ Circle: Member / Non-Member Member# _____

(H) Phone: _____ Cell Phone (Text Y/N): _____ (W) Phone: _____

Email Address: _____

Please check mark the following sessions you plan on your child attending:

Session 1 = May 22-26 (Monday – Friday) Session 6 = June 26-June 30 (Monday-Friday)
 Session 2 = May 30-June 2 (Tuesday- Friday) Session 7 = July 10-July 14 (Monday-Friday)
 Session 3 = June 5-June 9 (Monday- Friday) Session 8 = July 17-July 21 (Monday-Friday)
 Session 4 = June 12-June 16 (Monday-Friday) Session 9 = July 24-July 25 (Monday-Friday)
 Session 5 = June 19-June 23 (Monday-Friday)

Waiver and Release

I certify that my child (ren) _____
is/are in good health and can participate in the daily activities of the POTC Summer Camp, unless otherwise notified. In case of an injury, I grant POTC Staff permission to administer standard first aid treatment on site or to transport my child to the nearest medical facility equipped to handle the injury.

Signature of Parent/Guardian: _____

Date: _____