



For more information contact
LPCamp@LakeshoreSF.com
773.770.2468

CAMP 2017 REGISTRATION FORM



Child's Name _____ Birthday _____ Age _____ M/F School & Grade (in Fall) _____

Mother/Guardian's Name _____ Primary Phone _____

Address _____ Zip Code _____

Work Phone _____ Alternative Phone _____ Email _____

Father/Guardian's Name _____ Home Phone _____

Address _____ Zip Code _____

Work Phone _____ Mobile Phone _____ Email _____

Emergency Contact Name _____ Phone _____

Child's Shirt Size: XS SM MD LG XL Buddy to be grouped with: _____

*** Please fill out an individual form for each child and each program. We will not accept forms with more than one child on it.**

Daily and Weekly Options (please check & circle):

- PeeWee
- Junior Camp (Full Day)
- Junior Camp (Half Day)
- Fun N Sun Camp
- Adventure Camp
- Full Day Tennis Camp
- Half Day Tennis Camp (am)
- Half Day Tennis Camp (pm)
- CIT

<input type="radio"/> Week 1	<input type="radio"/> Week 2	<input type="radio"/> Week 3	<input type="radio"/> Week 4	<input type="radio"/> Week 5	<input type="radio"/> Week 6	<input type="radio"/> Week 7
Jun 5-9	Jun 12-16	Jun 19-23	Jun 26-Jun 30	July 3-7*	July 10-14	July 17-21
All M T W T F	All M T W T F	All M T W T F	All M T W T F	M W T F	All M T W T F	All M T W T F

<input type="radio"/> Week 8	<input type="radio"/> Week 9	<input type="radio"/> Week 10	<input type="radio"/> Week 11	<input type="radio"/> Week 12	<input type="radio"/> Week 13
July 24- July 28	July 31-Aug 4	Aug 7-11	Aug 14-18	Aug 21-25	Aug 28- Sept 1
All M T W T F	All M T W T F	All M T W T F	All M T W T F	All M T W T F	All M T W T F

*No Camp Tuesday, July 4th

Camp Pricing:

Member Guest (Child must be a member at the time of registration)

Half Day Camp (Junior & Tennis Camp only)			
	Daily	Weekly	8 Weeks
<input type="radio"/> Member Rate:	\$59	\$295	\$2160
<input type="radio"/> Guest Rate:	\$79	\$395	\$2960

Full Day Camp			
	Daily	Weekly	8 Weeks
<input type="radio"/> Member Rate:	\$99	\$465	\$3520
<input type="radio"/> Guest Rate:	\$129	\$600	\$4400

10% OFF

Discount for every child after the first

SAVE \$200

Register for 8 weeks or more of camp!

*Some exceptions apply

25% non-refundable deposit is due at time of registration.

Payment Method : Cash Check (please enclose check) Card on account Credit Card

Credit Card _____ Card Number _____ Exp. Date _____

Authorized Signature: _____ Please check for automatic billing to your chosen payment method.

Terms and Conditions

I am the Parent or Legal Guardian of the child/children named above and I request that the child/children be admitted to the Lakeshore SF Summer Camp. I understand that as the parent/guardian, my signature is a commitment to make full payment of my remaining balance for final billing on April 15th, 2017. If full payment is not received by 5:00pm on April 15th, 2017, I may forfeit my child's space in the Lakeshore SF Summer Camp, and I will be charged a late fee of \$50.00. I also understand that my deposit is non-refundable and refunds are not granted for any absences. I understand that all enrollment changes (schedule, program) must be made in writing before April 1st, 2017. I understand that after April 1st, 2017 any days dropped will still be charged. I agree to assume full risk and to waive, relinquish, and release all claims against the agents, servants, and employees of Lakeshore SF from any such claims resulting in injury, damages or loss sustained on account of participation in this camp program. I understand that I am responsible for all personal medical insurances and that I must cover all medical costs incurred. I also understand that every precaution is taken to protect the safety of each participant. I agree to emergency treatment by a physician or hospital in the event that I or the emergency contact as identified above cannot be reached.

Parent / Guardian Signature _____ Date _____

Office Notes:

Date / Time Rec'd: _____ Deposit Amount : _____ Balance Due 5/15: _____