



# Tennis Camp Registration 2026

## **PARTICIPANT INFORMATION**

**CHILD (1) NAME:** \_\_\_\_\_ M/F\_\_\_\_ Birth Date: \_\_\_ / \_\_\_ / \_\_\_ Grade: \_\_\_\_\_

Current Medications, Allergies, Special Needs, Limitations or Medical Conditions *(To better meet the needs of your child, please list as much information as possible.)* \_\_\_\_\_

**CHILD (2) NAME:** \_\_\_\_\_ M/F\_\_\_\_ Birth Date: \_\_\_ / \_\_\_ / \_\_\_ Grade: \_\_\_\_\_

Current Medications, Allergies, Special Needs, Limitations or Medical Conditions *(To better meet the needs of your child, please list as much information as possible.)* \_\_\_\_\_

**CHILD (3) NAME:** \_\_\_\_\_ M/F\_\_\_\_ Birth Date: \_\_\_ / \_\_\_ / \_\_\_ Grade: \_\_\_\_\_

Current Medications, Allergies, Special Needs, Limitations or Medical Conditions *(To better meet the needs of your child, please list as much information as possible.)* \_\_\_\_\_

## **SELECT THE SESSION(S)**

Must select a minimum of 2 Sessions. // Back-to-back Sessions not required. // Siblings cannot exchange Sessions.

2 Sessions = Members \$440; Non-Members \$510    Each additional Session = Members \$210; Non-Members \$235

**CHILD (1) Name:** \_\_\_\_\_    **CHILD (2) Name:** \_\_\_\_\_    **CHILD (3) Name:** \_\_\_\_\_

- Session 1: June 1-5
- Session 2: June 8-12
- Session 3: June 15-19
- Session 4: June 22-26
- Session 5: July 6-10
- Session 6: July 13-17
- Session 7: July 20-24
- Session 8: July 27-31

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## **PARENT/ GUARDIAN INFORMATION**

*(Person listed as Primary Guardian will be the sole person authorized to request changes to information)*

**PRIMARY GUARDIAN:** <Mother>    <Father>    <Other : \_\_\_\_\_>

**First & Last Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Emergency Contact:**    Yes    No    **Authorized to Pick Up:**    Yes    No

**If someone else will pick up, then list Name of person:** \_\_\_\_\_

**Are you a Lake Charles Racquet Club Member?**    Yes    No

Registration fees are due no later than the first day of each session. Membership charges to accounts other than your own are prohibited without written consent. Consent must be in writing and provided to LCRC Office Manager.

**Form of payment:**    CASH    CHECK    CREDIT CARD (fee + 4% fee)    MEMBER CHARGE



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## PARENT CONSENT

Please circle yes or no for the following (if no selection is made, it is assumed answer is "yes"):

<b>YES</b>	<b>NO</b>	<b>CHILD BEHAVIOR AGREEMENT:</b> Disciplinary problems may require a 5–15-minute Time Out Period. Time-out will give up 3 times per day. Parents may be called to pick up any child who does not behave after 3 times. A suspension may be necessary, at the Tennis Director’s discretion. Upon continuous disciplinary problem, a child may be removed from the program indefinitely.
<b>YES</b>	<b>NO</b>	<b>EMERGENCY CARE AUTHORIZATION:</b> In case of sickness or accident, I hereby give my permission to the medical personnel selected by LCRC in order and/or perform any medical attention deemed necessary if I am unable to be contacted. I accept financial responsibility if such treatment is necessary. I further understand that neither LCRC nor its workers can be held responsible in the event of accident or accidental death.
<b>YES</b>	<b>NO</b>	<b>ACTIVITIES:</b> I authorize my child(ren) to participate in the following activities <ol style="list-style-type: none"> <li>1. Swimming/Water Activities</li> <li>2. Participating in All Day Care activities—including activities not listed on Activity Schedule</li> <li>3. View a PG rated film</li> <li>4. Participate in photos or videos for LCRC publications</li> </ol>

## LIABILITY WAIVER AND RELEASE FORM

Lake Charles Racquet Club – Summer Tennis Camp (LCRC Camp)

I, on behalf of myself and the Participant(s), do hereby release, discharge, and hold harmless the Lake Charles Racquet club, its employees, volunteers, directors, board members, officers, agents, and affiliates from any all liability, claims, demands, causes of action, or damages arising out of our in any way related to the Participant’s involvement in the LCRC Summer Tennis Camp. This includes any injury, loss, or damage to personal property, whether caused by negligence, gross negligence, intentional act, or otherwise, during the Camp’s activities.

In the event of an emergency, I hereby give permission for the LCRC Camp organizers and staff to seek medical treatment for the Participant if necessary. I also agree to be responsible for any medical expenses that arise from such treatment.

I consent to the use of any photographs, video, or other media taken during the LCRC Camp for promotional purposes, including but not limited to the LCRC Club’s website, social media, brochures, or advertisements. I understand that no compensation will be provided for the use of such media.

By signing this Waiver, I acknowledge that I have read, understood, and agree to the terms and conditions outlined herein. I acknowledge that I am giving up substantial right, including the right to sue, and I do so voluntarily.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_ / \_\_\_ / \_\_\_

**Print Name of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_ / \_\_\_ / \_\_\_