

Parent/Guardian	If Member, SCC Club Member #
-----------------	------------------------------

Registration and Medical Release Form

One Form Per Child, Please

SAUGAHATCHEE COUNTRY CLUB SUMMER DISCOVERY CAMP 2020

3800 Bent Creek Rd

Opelika, Alabama 36804

334-749-3441 (phone) • 334-745-2520 (fax)

www.saugahatcheecountryclub.com



CAMP HOURS

9:00am—4:00pm

Drop-Off at the Tennis Courts no earlier than 8:50am.

Pick-Up at the Swimming Pool no later than 4:10pm.

Members

\$260

includes Supplies, Instruction, T-shirt, Lunch & Snacks

Return completed registration and copy of insurance card.

Charges will be billed to your Member account in the month of the camp your child attends.

Non-Members

\$280

includes Supplies, Instruction, T-shirt, Lunch & Snacks

Submit completed registration and copy of insurance card, along with full payment.

Checks and credit cards accepted.

10% discount for siblings & 10% discount for early bird registration by May 1st

JUNE 16-19

JULY 14-17

JULY 28-31

Limited to 15 kids per camp/week

Camper Name (Last, First)	Age	Gender	T-Shirt Size				
			XS	S	M	L	XL

Parent/Guardian 1. 2.	If Member, SCC Club Member #	Total Charge Per Child
Home Phone	Work Phone	Cell Phone
Email Address		
Mailing Address		
Camper's Swimming Abilities (please check one): Non-Swimmer _____ Swims a Short Distance _____ Good Swimmer _____		
Please list any special needs (dietary, medical, or other), as well as any considerations the Camp Coordinator needs to be made aware:		

In the event of an emergency, I authorize dental and medical care and/or treatment of the above-named child. If I cannot be reached, please contact the person listed below who is authorized to act on my behalf.

Doctor's Name	Phone
Dentist's Name	Phone
Authorized Person's Name/Relationship	Phone
Please provide front and back copy of insurance card by first day of camp	

My signature on this agreement:

- Gives my child(ren) approval to participate in all camp activities. I also assume all risks and hazards incidental to participation and release Saugahatchee Country Club, its Members, Officers, Directors, agents, successors and assigns, and employees from any liability.
- Indicates that I understand that withholding relevant medical or behavioral information from the Camp Coordinator is grounds for dismissal from camp without refund.
- Indicates that I understand that cancellation must be made at least one week before the start date of the enrolled session (full refund). Cancellations received less than 7 days prior to start date will receive refund of only half the costs signed up for.

Gives permission to use my child(ren)'s likeness in photographs/video for promotion and publicity purposes to Saugahatchee Country Club & the community.

Signature of Parent/Guardian

Date