

Child Name:	Camp Attending: (circle) 1    2    3    4
Parent/Guardian:	If Member, SCC Member #
Payment type: (circle one) Credit Card / Check / Member Charge	Paid? (Director use only) YES    NO

## KIDS CAMP 2022 Registration and Medical Release Form

**\*One Form Per Child, Please\***

**Please Note: Spot is ONLY secured once form AND insurance are received**

### SAUGAHATCHEE COUNTRY CLUB

3800 Bent Creek Rd

Opelika, Alabama 36804

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

[www.saugahatcheecountryclub.com](http://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

**\$280**

*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

**\$300**

*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\***

*\*Limited to 15 kids per camp/week\**

<b>Camper Name (Last, First)</b>	<b>Age</b>	<b>Gender</b> M/F	<b>T-Shirt Size (circle)</b> <b>Youth:</b> S M L <b>Adult:</b> S M L
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<b>Parent/Guardian</b> 1.	<b>If Member, SCC Member #</b>	<b>Total Charge Per Child (Director Use Only)</b>
2.		

<b>Parent/Guardian 1 Cell Phone:</b>	<b>Work Phone:</b>	<b>Parent/Guardian 2 Cell Phone:</b>
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**Email Address**

**Mailing Address**

**Camper's Swimming Abilities (please check one):**  
 Non-Swimmer \_\_\_\_\_ Swims a Short Distance \_\_\_\_\_ Good Swimmer \_\_\_\_\_

**Does your child have permission to purchase snacks on your member account at the pool during swim time?**  
 Yes \_\_\_\_\_ No \_\_\_\_\_ **Notes:** \_\_\_\_\_

**Please list any special needs (dietary, medical, or other), as well as any considerations the Camp Coordinator needs to be made aware:**

