

South Hills Country Club | 2024 Summer Camp Registration Form

Member's Name _____ Member # _____

Relationship to Child: _____

Member's Address _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

LEGAL GAURDIAN _____ Home Phone _____

Cell Phone _____ Email _____

Address _____

Emergency Contact: _____
Name Relationship Number

Billed Upon Registration-Fees Non-Refundable after May 30, 2024

Please complete a box for every child attending summer camp. Fee includes one shirt.

Child's First Name _____	Child's Last Name _____
Date of Birth ____/____/____ M F	Age _____ Youth Size _____
	Additional Shirt \$19 Y N
FULL DAY CAMPER \$399	HALF DAY CAMPER \$359

Child's First Name _____	Child's Last Name _____
Date of Birth ____/____/____ M F	Age _____ Youth Size _____
	Additional Shirt \$19 Y N
FULL DAY CAMPER \$399	HALF DAY CAMPER \$359

Child's First Name _____	Child's Last Name _____
Date of Birth ____/____/____ M F	Age _____ Youth Size _____
	Additional Shirt \$19 Y N
FULL DAY CAMPER \$399	HALF DAY CAMPER \$359

Medical Release Form

In the event of an illness or injury where neither parent/guardian is available. I grant permission to South Hills Country Club Personnel to authorize and obtain medical care from any licensed physician, hospital or medical clinic for my child/children listed in the boxes above.

Signature Parent/Guardian

Print Parent/ Guardian Name

Date

Insurance: _____ Doctor: _____ Phone _____

Photograph or Videotape Permission Slip

_____ Yes, I give permission to photograph or videotape my child for SHCC publication. This would include photographs or videotapes taken of your child for distribution as part of the summer camp program. Parental permission is required before your child's photograph or video can be shown publicly.

_____ No, I give permission to photograph or videotape my child for SHCC publication. This would include photographs or videotapes taken of your child for distribution as part of the summer camp program. Parental permission is required before your child's photograph or video can be shown publicly.

Children's Names: _____

Parent Signature

Date
