



The West Side Tennis Club

One Tennis Place, Forest Hills, NY 11375

Web Site: www.foresthillstennis.com

Junior Camp Member

NAME OF CANDIDATE:

.....

ADDRESS:

.....

.....

PHONES:

HOME:.....

WORK:.....

CELL:.....

EMERGENCY:.....

PARENT'S E-MAIL ADDRESS:

.....

.....

NAME OF THE PERSON WHO
INTRODUCED YOU TO WSTC

.....

BACKGROUND INFORMATION

DATE OF BIRTH: ____

SCHOOL ATTENDING _____ GRADE _____

Candidate's Signature _____ Date of Application: _____

Category: Junior Camp Members

Junior Camp Member

The West Side Tennis Club is firmly committed to the concept of equal opportunity and the development of strength as a Club through our diversity. The Club is also an equal opportunity employer. It does not discriminate on the basis of race, religion, color sex, age, sexual orientation, national origin or disability with respect to eligibility for membership in, or employment by, the Club.

Player's Name: _____ **Birthday:** \ \ _____ **Sex:** _____ **Age:** _____

Parent or Guardian: _____

Home Address: _____

Telephone (Home/Work/Cell): _____

Second Parent or Guardian or Emergency Contact: _____

Home Address: _____

Telephone (Home/Work/Cell): _____

If not available in an emergency, notify:

Name: _____

Address: _____

Telephone (Home/Work/Cell): _____

Health History:

(check & give approximate dates)

- Frequent Ear infections
- Heart Defect/Disease
- Convulsions
- Bleeding/Clotting Disorders
- Hypertension
- Diabetes
- Mononucleosis

DISEASE:

- Chicken Pox
- Measles
- German Measles
- Mumps

Allergies (date not needed)

- Hay Fever
- Ivy Poisoning, etc.
- Insect Stings
- Penicillin
- Other Drugs
- Asthma
- Other (please specify)

Operations or Serious Injuries:

Chronic or recurring illness or medical condition:

Dietary Restrictions:

Current Medications: (send with instructions)

Other diseases:

Name of Dentist/Orthodontist:

Phone: _____

Name of Family Physician:

Phone: _____

Do you carry family medical/hospital insurance?

YES [] NO []

If yes, indicate carrier: _____

Policy/Group #: _____

Suggestions on health related information for personnel:

The West Side Tennis Club One Tennis Place
Forest Hills, NY 11375
Phone: 718-268-2300 Fax: 718-268-2230
www.foresthillstennis.com



This health history is correct so far as I know and the person herein described has permission to engage in all prescribed camp activities except as noted. Authorization for treatment: I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment and necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. The completed forms may be photocopied for trips out of camp.

Signature of Minor: _____

Signature of Parent or Guardian: _____

Witness: _____ Date: _____

I understand and agree to abide with the restrictions placed on my camp activities

CAMP FEES

Type of Session	Fees	
	WSTC Junior (Plus tax)	Junior Camp Members (Including Dues)
Full Weeks/Full Days	\$350	\$525
Full Week of Half Days	\$275	\$400
Single Days	\$100	\$135
Half Days	\$60	\$100

Please Note: Half Days do not include lunch.

<u>SESSION</u>	<u>FEE</u>	<u>SESSION</u>	<u>FEE</u>
June 7- 11	_____	July 19-23	_____
June 14-18	_____	July 26-30	_____
June 21-25	_____	Aug. 2-6	_____
June 28- July 2	_____	Aug. 9-13	_____
July 5- 9	_____	Aug. 16-20	_____
July 12-16	_____	Aug. 23-27	_____
		Aug. 30- Sept. 3	_____

Total: \$ _____

Transportation (check one):

Queens \$150 Manhattan \$175 None

TERMS AND CONDITIONS: A 1/3 deposit (*non-refundable*) must accompany your application. Balance is to be paid prior to Camp attendance. The Camp has my consent to escort my child on authorized field trips off Club property. By signing below, I acknowledge the TERMS AND CONDITIONS as stated.

Please Note: The West Side Tennis club has an all white dress code.

There is a 10% discount for additional children from the same immediate family. All children must come the same weeks. There is a 10% discount for additional weeks after the first week. All weeks must be paid for in full before the first week begins. Discounts cannot be combined and do not apply to transportation.

Maximum of 10% discount.

METHOD OF PAYMENT:

- Club Account MEMBERSHIP # _____
- Check (Please make payable to The West Side Tennis Club)
- Visa, MasterCard (Circle one and present card with application for processing)
Credit Card# _____ EXP. Date _____

Signature _____