



KID'S CLUB CAMP INFORMATION

Welcome to Columbia Basin Racquet Club Kid's Club Camp! We are looking forward to a fun-filled time and are thrilled that you have chosen to join us! Our focus as always, is offering safe and exciting activities for your children. We have caring individuals who will be supervising and participating with your child.

Please have your child wear comfortable clothes and shoes and have them bring a swimsuit (towels will be provided) and a water bottle daily. Parents are responsible for providing lifejackets for their child if they are 5 - 6 years of age, or inexperienced at swimming. Please check the daily agenda in case of any schedule changes. Sack lunches may be purchased through our deli or your child may bring a lunch from home. Deli lunches are \$7.00 + tax, and must be paid for in advance. We provide morning and afternoon snacks. Your child may also want to bring spending money for deli items in the afternoon.

Additional forms are included in this packet. Please fill out and return these forms prior to the first day your child will be attending. Camp hours are Monday – Friday from 6:30am – 5:30pm. All children picked up after 5:30pm will be charged at a rate of \$5.00 for every additional 15 minutes (ie: 1 to 15 min. = \$5.00, 16 to 30 min. = \$10.00, etc.)

Registrations are 50% non-refundable. Any dates missed due to illness only must be approved by the Kid's Club Manager. We are not responsible for lost or stolen items, so please have your child leave valuables at home.

We want to continue the exciting camps of the past. Please feel free to let us know what you enjoy and if there are any other activities that you would like us to incorporate into our camp program. Our staff looks forward to seeing you and your child. If you have any questions or concerns, please contact Teresa Parrish at 943-8416.



1776 Terminal Drive
Richland, WA 99354

KID'S CLUB CAMP REGISTRATION

and
CONSENT, WAIVER, and RELEASE

Participant: _____
Name Street State Zip

Date of Birth: _____ Home Phone: _____ Member: No Yes Mbr# _____

Parent or Guardian: _____
Name Street State Zip

Parent Home Phone: _____ Cell Phone: _____ Work Phone: _____

Emergency Contact: _____ Phone: _____
Name and Relationship

Health Insurance & Policy #: _____ Phone: _____

Family Physician: _____ Phone: _____

Allergies: no yes, explain _____

Medications: no yes, explain _____

Chronic condition: no yes, explain _____

Physical condition(s) that may limit activity: no yes explain _____

Additional Emergency Contacts and Authorized Pick Up Persons: (In addition to parents/guardians)

*Use this area to list the individual(s) we may contact in an emergency and you authorize to pick up your camper from camp in the event that you are unable to do so. Those not listed here will not be allowed to pick up your child. Telephone authorization will not be accepted.

Name: _____ Name: _____

Relationship to Camper: _____ Relationship to Camper: _____

Home Cell Phone: _____ Home Cell Phone: _____

Cell Work Phone: _____ Cell Work Phone: _____

ACKNOWLEDGMENT OF RISK AND CONSENT FOR TREATMENT: I acknowledge that there are risks inherent in any children's program, included but not limited to injury or death arising from: participation in sports; child's failure to follow instructions of supervisors; communicable illness; and independent acts of third parties not under the control of supervisors. I acknowledge that all risks cannot be prevented, and assume those beyond the control of Columbia Basin Racquet Club staff. In order to minimize risks to my child or other participants, I will take responsibility to see that my child is prepared for all activities and is in good health each day. In case of medical emergency, I understand that every reasonable attempt will be made to contact me, my family physician, or emergency contact(s) named above. However, in the event that I or my named contacts cannot be reached, I give my permission to the staff in charge of the camp programs to administer and secure emergency medical treatment for my child. I agree to pay for any charges for emergency medical treatment that are not covered by my personal health insurance. This acknowledgement applies to any/all days of the camp program for which I may register my child.

Media Release: I give permission for my child to be photographed, filmed, interviewed, and/or have work or production likenesses published in print, on television, and/or on the internet and hereby waive my inspection or approval of said.

By signing this agreement, I hereby, for myself, my heirs, my executors, and administrators fully and forever waive and release any and all claims for damages I may have against Columbia Basin Racquet Club and their respective agents, representatives, successors and assignees for any and all injuries which may be suffered in connection with my child's participation in any club activity/event/program/class.

Parent/Guardian Name (please print)

Signature of Parent or Guardian

Date



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Questionnaire and Permission Form

SWIMMING

Camper: _____ Age: _____

Swimming is a regular part of CBRC Camps. Please answer the following questions to help our staff determine the swimming ability of your child. A swimming test is mandatory for all campers.

- Yes No Can your child swim?
 Yes No If your child fell/ jumped into deep water, is he/she capable of swimming to side of pool?
 Yes No Should your child use an approved flotation device while at the swimming pool?
 Yes No Has your child ever taken swim lessons at a public or private pool?
 If yes, what level of instruction (Red Cross) has your child completed? _____

The swimming test will consist of: 25 meter crawlstroke non-stop, treading water for 30 seconds, and 25 meter backstroke. Swimmers will then be given a colored wrist band to wear during the length of the camp signifying their swimming ability. A wrist band is required before the child is admitted into the pool area.

- Red Wrist Band:** Must wear lifejacket at all times in pool or pool area.
Yellow Wrist Band: Must wear lifejacket when swimming in water above shoulder height.
Green Wrist Band: Camper is not required to wear a lifejacket.

I hereby certify and represent that I have read, fully understand, and give permission for my child to participate in swimming.

Name of Parent/Guardian Signature Date

DELI USE and CAMP LUNCHES Member Charging Privileges

Children of CBRC Members who have charging privileges are able to charge deli items to their account. Campers will have designated times for lunch and snacks daily. Random times will not be allowed.

I understand that my child, _____ has permission to charge to my club account # _____

Gift Cards

All parents may buy a gift card to allow their child permission to purchase deli items. All gift cards purchased for your child are reloadable and can be kept by the camp staff for your child's use at designated times.

I would like to purchase a gift snackcard for my child, _____, in the amount of \$ _____

Signature of Member _____ account # _____

Non-Members may purchase a card at the front desk.

Parents may purchase Kid's Camp Lunch for only \$7.00+tax = (\$7.60)

Kid's Camp Lunch (D199)

Camper's Name: _____ Age: _____
 Parent/Guardian Name: _____ Phone: _____
 Address: _____ Member# _____
 # of Lunches purchasing _____ \$7.00+tax = Total Lunch \$ _____

Check(#): _____ Credit Card: _____ exp _____ Cash: _____ Charge Acct: _____