



**West End JAWS
JUNIOR ATHLETIC WORKSHOP
Summer CAMP**

**West End Racquet
and Health Club**
4343 Spencer St.
Torrance, CA 90503
Phone: (310) 542-7373
westendclub@aol.com

Registration Information:

First Participant
Name: _____ Birthdate: _____ Gender: _____

Second Participant
Name: _____ Birth Date: _____ Gender: _____

Address: _____ City: _____ Zip: _____

Parent's/Guardian's Name(s): _____

Cell Phone: _____ Work: _____ Home: _____

Please select which number to call first: _____ Cell _____ Work _____ Home

Email Address: _____

Emergency Contact: _____

Phone Number: _____

Medical Allergies (List) Describe Reaction and Treatment

Food Allergies (List)

_____ *****WEST END IS A NUT FREE CAMP*****

Swimming:

Can your child swim independently in deep water?

If no, please explain swimming ability below



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Junior Athletic Workshop (JAWS)

Please check appropriate boxes from the list below:

- Members \$260/week Daily Rate \$95
- Non-members \$290/week
- SAVE \$10 per week for registering before June 03, 2019**
- Dropin's \$100/day (Need 24 hour notice before)
- Before & After Care \$5/hour (Billed to credit card at the end of the week)

Participant's Name _____

Please mark the weeks that your child will be attending:

****Registrations need to be turned in by the Friday before the session begins at 3pm****

<i>Week</i>	<i>Dates</i>	<i># of kids</i>	<i>Total</i>
1	6/12 – 6/14**		
2	6/17 - 6/21		
3*	6/24 – 6/28		
4	7/01 - 7/05 *		
5	7/08 – 7/12		
6	7/15 – 7/19		
7	7/22 – 7/26		
8	7/29 – 8/02		
9	8/05 – 8/09		
10	8/12 – 8/16		
11	8/19 – 8/23		
12	8/26 – 8/30		

prorated 4 days (no camp July 4th) - \$208 members / \$232 non-members

** prorated 3 days - \$156 members / \$174 non-members

**** NO REFUNDS****

****NO MAKE UP DAYS****

Any drop in's need 24 hours notice before

Credit Card Information

Please fill out the form and check the specific weeks and enclose a check or write your credit card number below along with its expiration date.

Name On The Credit Card _____ **Zip Code:** _____

Credit Card Number. _____ **CVC:** _____ **Exp. Date** ____ / ____ (MMYY)



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Multi Jurisdictional Authorization and Release for Medical and Dental Treatment

Doctor _____ Phone: _____

MEDICAL INSURANCE COMPANY: _____

Policy Number: _____

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the JAWS program. I hereby grant permission for my child to be included in evaluations and pictures connected to the JAWS program and the West End Club.

The undersigned, as the parent(s), or legal guardian(s), of the above-named person, (the "minor") hereby authorize the West End Club and its employees, and directors to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care (collectively "medical care") to be rendered to the minor under the general or special supervision and upon the advice of a physician or surgeon licensed under the laws of the state or other jurisdiction in which medical care is sought, and to consent to any x-ray, anesthetic, dental or surgical diagnosis or treatment and hospital care (collectively "dental care") to be rendered to the minor by a dentist licensed under the laws of the state or other jurisdiction in which dental care is sought.

The undersigned understand and agree that West End Racquet and Health Club shall not be legally or financially liable for any bill or medical expense incurred, or for any cause of action or claim arising from any medical care or dental care provided, or the lack of medical care or dental care. The undersigned hereby agree to indemnify, defend, and hold the West End Club harmless from any claim made by or on behalf of the minor person or the minor's heirs or parents or guardians arising out of any medical care or dental care provided.

West End Club reserves the right to deny any entrance and / or continuation of camp to any child who is unruly and / or does not respect the rules of West End Club and the JAWS program. I understand there is a no refund cancellation policy or make up days. The sessions must be paid in advance

*****I have read/completed and agree to all the above and understand the NO
CANCELLATION REFUND POLICY*****

Initial _____

SIGNED _____

DATE _____