



**West End Sports Camp
Summer 2021
06/14-08/27
*Space Limited***

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

Registration Information

Parent or Guardian Name			
Address			
Telephones	Home	Work	Cell
First Child		Age	Sex
Second Child		Age	Sex
Third Child		Age	Sex
Email Address			
How Did You Hear About the Program?		Name of The School Your Child Attends	

Multi Jurisdictional Authorization and Release for Medical and Dental Treatment

Doctor..... Phone.....

MEDICAL INSURANCE COMPANY..... Policy Number.....

Please specify any medical problems: allergies, past operations or treatment of serious illness:.....

Specify allergic reactions to medications and/or foods:.....

I hereby grant permission for my child to use all the play equipment and participate in all the activities of the JAWS program. I hereby grant permission for my child to leave the West End Club premises under the supervision of a staff member for field trips in an authorized vehicle. 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 Jr. Sports Camp program. ****

***I have read/completed and agree to all the above. Initial.....**

***Sign full name to represent your signature and acknowledge that the terms above been accepted.**

SIGNED..... DATE.....



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Junior Athletic Workshop (JAWS)

Please check appropriate boxes from the list below:

- Members \$270 per week**
- Non-Members \$300 per week**
- Drop-Off Daily \$100**
- Before/After Care \$8 per hour**
- Group Swim lessons \$50 per week**

Swim Ability Assessment for Minor

Please check appropriate circle:

- Does not know how to swim (Must provide Foam Floaties)**
- Comfortable only in kids' pool. (From 2' – 4' Deep)
- Comfortable in deep water. (From 3'- 7' Deep)

Please mark the weeks that your child will be attending.

NO CANCELLATION OR REFUND. Initial.....

Deadline to register is Thursday by 4pm the week before camp starts.

Week	Dates	Week Pd	Swim Pd	Total
1	06/14-06/18			
2	06/21-06/25			
3	06/28-07/02			
*4	07/05-07/09			
5	07/12-07/16			
6	07/19-07/23			
7	07/26-07/30			
8	08/02-08/06			
9	08/09-08/13			
10	08/16-08/20			
11	08/23-08/27			

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.

Credit Card Number.**CVC** **Exp. Date** .../.../...



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Emergency Contact Information

Week #(s): _____
Child's Full Name: _____
Mother's Name: _____
Phone: _____
Father's Name: _____
Phone: _____

**Emergency
Contact**

Full Name: _____
Relation: _____
Phone: _____

Does your child take any medications? YES / NO

If Yes, please list:

Does your child have allergies? YES / NO

If Yes, please list:

Before/After Care

Full Name: _____
Week #: _____
Monday: _____
Tuesday: _____
Wednesday: _____
Thursday: _____
Friday: _____
Total Hours: _____

For Before/After care we must have credit card on file.



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Parent Information Sheet

Get your child involved in a program that's fun and rewarding. JAWS is a Junior Sports Camp for children ages 5-12 years.

*Please read and Initial.

CAMP HOURS:	Monday-Friday: 9am-3pm Drop of for 5 years old to 7 years old at 8:45 am, pickup at 2:45pm Drop of for 7 years old to 9 years old at 8:55 am, pickup at 2:55pm Drop of for 10 years old to 12 years old at 9 am, Pickup at 3:00pm
BEFORE/AFTER CARE:	Before care is provided from 7:30am-8:45am and after care is from 3pm-6pm; it is \$8/hour per child. All before/after care will be totaled and charged at the end of the week (cc# on file is required).
ACTIVITIES:	Campers participate in several sports throughout the club including tennis, racquetball, basketball, swimming, Volleyball and kickball. For the younger camper, we offer arts and crafts as well.
RATIO:	The campers are divided by age. Campers are always well supervised throughout the club. Ratio is 8 campers to 1 counselor.
SWIMMING:	Open swimming is held Monday thru Friday from 1:30pm -2:30pm. Camp staff, as well as a certified lifeguard will supervise campers, always while in the pool. Younger children, with less swimming experience, will stay in the smaller pool (2'-4'deep). Parents are responsible to inform the camp director if their camper has any limitations (i.e. can/cannot swim or uncomfortable in pool); the camp staff will follow these limitations to the best of their ability.
TENNIS:	Campers will participate in one hour of tennis instruction is held Monday thru Thursday. This is group instruction; children are split among tennis courts and taught by West End USPTA tennis staff.
LUNCH AND SNACKS:	West End provides lunch and snack for your child daily. Snacks include chips and fruit. Lunches vary each day Your child may bring his/her own lunch (no peanut butter). Water and juice are easily accessible to campers and provided daily. *Mondays Chicken nuggets or grilled cheese *Tuesdays Hamburger or cheeseburger or grilled cheese *Wednesdays Hot Dog or grilled cheese *Thursdays Mac and cheese or grilled cheese *Fridays Cheese or pepperoni Pizza



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**TARDINESS/
ABSENTEEISM:** Campers are to be signed into camp by 9:00am each morning. If your child will be late or absent from the camp, as a courtesy, we ask you to please contact West End front desk (310)542-7373 who will relay the message to the camp director. We ask you to please consider the other children in the camp and keep your child home if he/she is not feeling well.
For early pickup you must notify the camp director a night before.
No pickup during swim time (1:30pm-2:30pm)

**WHAT TO SEND
WITH YOUR
CHILD:** Campers should wear comfortable, Sport shoes (not crocs), and play clothes.
Sandals are only permitted at the pool area. Send your child with the following LABELED items daily:

- Backpack
- Sunscreen
- Swimsuit
- Towel
- Hat
- Tennis racquet (if he/she has one)

**LOST AND
FOUND:** West End Racquet and Health Club assumes no responsibility for lost or stolen items, please label all belongings with permanent marker. If something is misplaced, check the camps lost and found bucket or front desk lost and found. Unclaimed and found articles will be discarded at the end of each week.

**Please do not send any Nuts, Peanuts or Tree nuts with your child.
Thank you .**



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Waiver/Medical Authorization

WAIVER FOR DISPENSING OF MEDICATION

It is required by West End Racquet and Health Club Sports Camp (JAWS), as a condition to administer any prescription medication, that the medication be authorized by a physician, dentist, or other licensed prescriber. It is understood that prescription medication is administered solely at the request of and as an accommodation to the undersigned parent/guardian.

I/We request that _____
Receive _____
Name and dosage of medication _____
For the period from _____ to _____ at _____
Date Time(s) _____
Physician's description of any anticipated reaction of child to the medications. _____

I/We give permission for the above names student to be dispensed medication at camp for which an appropriate authorization to give medication at camp form has been approved. I/We understand that West End Racquet and Health Club Sports Camp (JAWS) does not have medical personnel on staff to assist in the administration of medication and that medication will be dispensed by the camp staff, I/we understand West End Racquet and Health Club Sports Camp (JAWS) will not and cannot assess the need for, or assume any risks associated with, the administration of any medication. I/We understand that the administration of any medication involves a risk of injury, which ranges from minor to catastrophic and that it is impossible to eliminate such risks. Despite this knowledge, I/we release West End Racquet and Health Club Sports Camp (JAWS) and each of its employees, agents, and representatives from all liabilities, claims, and demands for injury or loss that I/we and/or the above student may now or in the future have, resulting from the dispensing and/or administration of medication at camp or any disclosure relating to medication administered.

The prescription medication must be brought to camp in the original container appropriately labeled by the pharmacy or physician, stating the name of the student, the medication, and dosage.

Parent/Guardian Signature _____

EMERGENCY CONTACT: _____
Name Phone