Ahwatukee Community Swim and Tennis Center Registration Form

- For additional registration forms, photocopy this original or call the Community Swim & Tennis Center at 480-893-3431.
- Complete this form, one per child. Cash, check, visa, master card, or discover payments are accepted in person. We are located at 4700 E. Warner Rd., just west of 48th Street.
- Cancellations may be made one week prior to first day of camp. There is a cancellation fee of $50 if cancellation is made less than one week prior to camp. No refund after camp begins.
- Camps not meeting the minimum number of campers may be cancelled.

_____

1. **Camper Information (one form per child)**

Camper's Name: _____ Phone: _____

Camper's Address: _____Zip: _____

Date of Birth: _____ Age: _____ Sex: _____

Father/Guardian: _____ Home Phone: _____Cell: _____

Mother/Guardian: _____ Home Phone: _____ Cell: _____

Preferred E-mail Address: _____

2. **Emergency Contacts (other than parent/guardian)**

Name: _____Phone(s): _____
Name: _____Phone(s): _____

3. **Persons authorized to pickup camper**

Name: _____
Name: _____
Name: _____

4. **Medical Information**

Allergies: _____
Medical Problems: _____
Medication: _____

5. **Select desired week/s for camp (Each week is $196)**
   a. **Optional   (add a Friday for $30 – swimming, fun & games only)**

March 12 - 15 _____   June 4 - 7 _____   June 11 - 14 _____   June 18 -21 _____   June 25 – 28 _____
July 9 – 12 _____   July 16 - 19 _____   July 23 – 26 _____   Oct. 8 – 11 _____

_____

Emergency Medical Release – Must sign in order to participate

I, the undersigned parent of the above referenced participant, hereby acknowledge and understand that in the event that any emergency medical situation arises relative to any of the above referenced participants, the Ahwatukee Community Swim and Tennis Center will contact public officials through 911 calls but will not be responsible for directing the care of the child or hospital and doctor to whom the child will be sent.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Week Attending: _____ Payment Type: _____ Amount: _____ Date Paid: _____ Staff: _____

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