



EXTENDED CAMP CARE



Calabasas Tennis & Swim Center
23400 Park Sorrento Calabasas, CA 91302
(818) 222-2782

June 8th-August 14th

Child's Name: _____

5-12 YEARS

Allergies: _____

Extend your time & extend the fun!

Bring your child to XCC anytime between 7:00-11:30am and/or 3:00-6:00pm and our XCC staff will have activities, games & crafts. Our XCC staff will walk your child to camp, help them order lunch with the café & keep them entertained until you pick them up. Registration will be taken at the Front Desk of the Calabasas Tennis and Swim Center. Water and a snack will be provided.

Must pay before attending, fees are per day/session

AM Session (7:00-11:30am)	\$16	Drop-In \$20
PM Session (3:00-6:00pm)	\$12	
Both Sessions	\$25	Drop-In \$30

Changes MUST be made 24 hours in advance to receive a transfer of dates. NO EXCEPTIONS OR REFUNDS. Please select each day and session to attend.

Week 1: June 8-June 12					
DATE	8-Jun	9-Jun	10-Jun	11-Jun	12-Jun
AM	M	T	W	TH	F
PM	M	T	W	TH	F

Week 6: July 13-July 17					
DATE	13-Jul	14-Jul	15-Jul	16-Jul	17-Jul
AM	M	T	W	TH	F
PM	M	T	W	TH	F

Week 2: June 15-June 19					
DATE	15-Jun	16-Jun	17-Jun	18-Jun	19-Jun
AM	M	T	W	TH	F
PM	M	T	W	TH	F

Week 7: July 20-July 24					
DATE	20-Jul	21-Jul	22-Jul	23-Jul	24-Jul
AM	M	T	W	TH	F
PM	M	T	W	TH	F

Week 3: June 22-June 26					
DATE	22-Jun	23-Jun	24-Jun	25-Jun	26-Jun
AM	M	T	W	TH	F
PM	M	T	W	TH	F

Week 8: July 27-July 31					
DATE	27-Jul	28-Jul	29-Jul	30-Jul	31-Jul
AM	M	T	W	TH	F
PM	M	T	W	TH	F

Week 4: June 29-July 3					
DATE	29-Jun	30-Jun	1-Jul	2-Jul	3-Jul
AM	M	T	W	TH	F
PM	M	T	W	TH	F

Week 9: August 3-August 7					
DATE	3-Aug	4-Aug	5-Aug	6-Aug	7-Aug
AM	M	T	W	TH	F
PM	M	T	W	TH	F

Week 5: July 6-July 10					
DATE	6-Jul	7-Jul	8-Jul	9-Jul	10-Jul
AM	M	T	W	TH	F
PM	M	T	W	TH	F

Week 10: August 10-August 14					
DATE	10-Aug	11-Aug	12-Aug	13-Aug	14-Aug
AM	M	T	W	TH	F
PM	M	T	W	TH	F

REGISTRATION

ONE FORM PER CHILD

Adult's Name: _____
(Last) (First)

Address: _____ City & Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

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AM Session (7:00-11:30am)	\$16	Drop-In \$20
PM Session (3:00-6:00pm)	\$12	
Both AM/PM Sessions	\$25	Drop-In \$30

PARTICIPANT NAME	GENDER	BIRTHDATE
	Total Fees	

Method of Payment: Cash Check M/C AMEX DISC VISA

CHECKS PAYABLE TO "THE CITY OF CALABASAS" *Separate from Top Seed Tennis Summer Camp*

Name that appears on card: _____

Billing Address: _____

Card #: _____ Exp: ____ / ____ CVV: _____

The undersigned hereby agrees to defend, indemnify, and hold harmless the City of Calabasas and its officers, employees and agents from any and all loss, liability charges and expenses (including attorney's fees) and cost which may arise by reason of participation in any program. The City does not provide accident, medical, liability, or worker's compensation insurance for program participants. As parent/guardian, I hereby consent to emergency treatment of my minor child as a result of accident or injury. I further agree to pay any and all costs incurred as a result of said treatment. I agree to carefully inspect and satisfy for myself that the facilities provided are reasonably safe for their intended use. Once having conducted the inspection, I hereby agree to expressly assume the risk of participating at the premises. I understand the City retains the right to use photos taken during activities for publicity purposes.

Adult/Parent Signature: _____ Date: _____

SIGNATURE IS REQUIRED TO PROCESS REGISTRATION

Please indicate if this participant has special needs:

___ Visually Impaired ___ Hearing Impaired ___ Mobility Impaired ___ Learning Impaired