



EXTENDED CAMP CARE



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

June 12th-August 18th

5-12 YEARS

Extend your time & extend the fun!

Bring your child to XCC anytime between 7:00-11:30am and/or 3:30-6:00pm 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. **Parents, please supply your child with their own snacks.** Water will be provided.

Must pay before attending, fees are per day/session

AM Session (7:00-11:30am)	\$14	Drop In \$16
PM Session (3:30-6:00pm)	\$10	
Both Sessions	\$20	Drop In \$25



Changes MUST be made 24 hours in advance to receive a transfer of dates. NO EXCEPTIONS.

For more information, please call (818) 222-2782

Please select each day and session to attend. No camp July 4th.

Week 1: June 12-June 16					
AM	M	T	W	TH	F
PM	M	T	W	TH	F

Week 6: July 17-July 21					
AM	M	T	W	TH	F
PM	M	T	W	TH	F

Week 2: June 19-June 23					
AM	M	T	W	TH	F
PM	M	T	W	TH	F

Week 7: July 24-July 28					
AM	M	T	W	TH	F
PM	M	T	W	TH	F

Week 3: June 26-June 30					
AM	M	T	W	TH	F
PM	M	T	W	TH	F

Week 8: July 31-August 4					
AM	M	T	W	TH	F
PM	M	T	W	TH	F

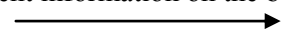
Week 4: July 3-July 7					
AM	M		W	TH	F
PM	M		W	TH	F

Week 9: August 7-August 11					
AM	M	T	W	TH	F
PM	M	T	W	TH	F

Week 5: July 10-July 14					
AM	M	T	W	TH	F
PM	M	T	W	TH	F

Week 10: August 14-August 18					
AM	M	T	W	TH	F
PM	M	T	W	TH	F

Payment information on the back.



REGISTRATION



CITY of CALABASAS

PLEASE PRINT NEATLY ONE FORM PER CHILD

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

Address: _____ City & Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____



PARTICIPANT NAME:

GENDER

BIRTHDATE

TOTAL FEES: _____

Method of Payment: CHECK ONE Cash: _____ Check #: _____ CC Type: _____

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

Name that appears on card: _____

Billing Address: _____

Card#: _____ EXPIRES: _____ / _____ **NO REFUNDS**

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, 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: _____ Birthdate: _____

SIGNATURE AND BIRTHDATE ARE REQUIRED TO PROCESS REGISTRATION

Please indicate if this participant has special needs:

Visually Impaired Hearing Impaired Mobility Impaired Learning Impaired



WALK-IN:

23400 Park Sorrento
Calabasas, CA, 91302

QUESTIONS?

CALL (818) 222-2782

MAIL-IN:

Fill in registration form and mail with full payment to:

Calabasas Tennis & Swim

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