

Town:

Email:

Home Phone:

Zip:

(203) 245-9444

Medical Condition: Yes No (If Yes please fill out Form)

Cell:

**Emergency Contact:** 

**Emergency Phone:** 

Amount paid: (25% Deposit Due)

## **Summer 2024 ATP Shoreline Academy Sports Camp**

## **Application**

## Parent's Information Student's Information Parent's First Name: First Name: Parent's Last Name: Last Name: Pick up Name: Date of Birth: / / Age: Address: Gender: Male ☐ Female ☐ Grade:

Check the sessions you would like to sign-up for. In the case of bad weather all classes will be moved to the Gym. There will be no camp July 4th. We will deduct 20%.

Work:

## 10% discount for 3 or more weeks, includes siblings

10% discount for 3 or more weeks, includes siblings!													
Sessions	1	2	3	4	5	6	7	8	9	10	11		
Weeks Available	6/10	6/17 🔲	6/24 🔲	*7/1	7/8 🗌	7/15 🗌	7/22 🔲	7/29 🔲	8/5 🔲	8/12 🔲	8/19 🔲		
Typical	Ages 10-16							Price		Additional Information  Please fill out all of the mandatory State forms. A deposit of 25% of the program fee is required to register and hold a place in each session. Full amount of the weekly program fee is due 2 weeks prior to the start of each weekly session. Payments are refundable minus a cancellation fee of 10% of the cost of the program for cancellations 2 weeks prior to the session start date. If you checked the box Medical Condition, please fill out the medical form. Please check the weeks you would like to sign up for. Please call Dallas if			
Daily Schedule									Sta				
8:00 – 9:00 AM	Early Drop Off (Games)							Included					
9:00 - 10:00 AM	Dynamic Warm-Up, Stroke Technique												
10:00 - 11:00 AM	Consistency Drills												
11:00-12:00 PM	Strategy & Play Based Drills												
12:00 - 2 PM	Swimming (optional)							\$96.00					
1:00-4:00 PM	UTR Match Play & Tournaments (signup weekly at utr.com)							Paid separately through UTR	bo				
	Weekly 1/2 Day 9 - 12 PM							\$385.00					
	Daily Dro	you have any questions assist you. (203) 245-94 email us								estions so we can			
Fees						Total for tl	he Week		Inf	Info@tcsscamp.com			
Make Charles Boughts to Madicas Descript & Chip D.O. Day 500													
Make Checks Payable to: Madison Racquet & Swim Club P.O. Box 508  Madison CT 06443					Payment Information Check: Check #								
IVIAUISUII CI UU443						Credit Card Type MC Visa Exp. Date				Date /	/		
Notes:						Credit Card Number:					CVV#		