

WESTOVER SUMMER PROGRAMS

8706 Westover Club Drive
www.westoverclub.com 512 345-4235

Please print and return completed registration to: Westover Hills Club
8706 Westover Club Drive
Austin, TX 78759

Participant Name: _____ Age: _____ School: _____

Parent/Guardian Name: _____

Address: _____ City: _____ Zip: _____

Email _____ Primary Phone# _____

Emergency Contact Name _____ Phone _____

Please circle the session you are attending. Make Checks payable to Westover Hills Club for the summer camps.

Please include full payment with your registration.

June Sports Camp	
Ages: 6-15 Time: 9 – 12:30	
Cost: \$135 member, \$150 non-member \$115 Orca team participant	
Activities include Soccer, Dodgeball, Gym Games, Kickball, Capture/Flag & Swimming	
Session 1	June 6 – 10
Session 2	June 13 – 17
Session 3	June 20 – 24
Session 4	June 27 – July 1

July & August Tennis & Sports Camps		
Ages: 6-15 Time: 9 – 12:30		
Cost: \$135 members \$150 non-members		
Session 5	July 4 – 8	Tennis, Soccer, Swimming
Session 6	July 11 – 15	Tennis, Baseball, Swimming
Session 7	July 18 -22	Tennis, Dodgeball, Swimming
Session 8	July 25 – 29	Tennis, Kickball, Swimming
Session 9	Aug 1 - 5	Tennis, Dodgeball, Swimming
Session 10	Aug 8 – 12	Tennis, Capture/Flag, Dodgeball, Swimming
Session 11	Aug 15 - 19	Tennis, Capture/Flag, Dodgeball, Swimming

Tennis Classes June 6 – July 1					
<i>Please make checks payable to Brendan Sheehan, or Formula Tennis</i>					
AGE	TIME	CLASS	DAY	Member Price	Non-Member Price
9 – 15	10 – 11:30	Advanced/Intermediate	Mon – Fri	\$250	\$270
9 – 13	9 – 10 am	Intermediate/Beginner	M W F	\$150	\$165
6 - 10	8:30 – 9:15	Intermediate/Beginner	Tues/Th	\$100	\$110

Participation Registration and Waiver Forms:

Medical Information: Please list any special considerations or limitations your child may have (allergies to food/drugs, insect stings, poison ivy or other plants, previous or existing illness, diet requirements, medications, or hospitalizations in the last 12 months) that our staff should be aware of: _____

Medical Waiver: In the event that my child requires emergency medical treatment and I cannot be reached, I hereby authorize the Westover Hills Club Inc to make arrangements to transport my child to the nearest hospital/emergency medical facility.

Participation Release and Consent: I understand that Westover Hills Club Inc. activities have inherent risks and I hereby assume all responsibility for all risks and hazards arising to my child's participation in all Westover Hills Club programs and use of its facilities. I do hereby fully and forever release, discharge, absolve, indemnify, and agree to hold harmless the Westover Hills Club and its employee and its agents, Formula Tennis and its employees and agents, volunteers, supervisors, officers, directors, participants from any and all claims or injury sustained during my child's use of Westover Hills Club facilities or participation in any Westover Hills Club Inc. activity.

Photo Release Waiver: I do hereby authorize Westover Hills Club Inc, Formula Tennis to use any photos taken of my child during involvement of Club activities to be used for all promotional materials or camp films. By signing, I acknowledge that I have read and agree with terms of participation.

Parent/Guardian Signature _____ Date _____

Child's Name _____