



# WESTOVER HILLS SWIM & RACQUET CLUB

## 2025 SUMMER CAMP REGISTRATION FORM

### Camp Info

**Registration opens February 10<sup>th</sup> for Members**

Non-Members can register on March 3rd  
Spots are limited. Confirmation will be emailed once registration form & payment are received. If sessions are full, then you will be placed on the waitlist.

Cancellations must be sent in writing (email) at least 1 week prior to camp start date. Refunds will be given less \$45 admin fee.

Open to kids ages 6-12

### Camp Fees

Weekly Fees:  Mem \$200  non-Mem \$280  
 Orca Swim Team Members Fee  
for S1, S2, S3 & S4 only  
Mem \$160 / Non-Mem \$240

*Discounts Available* for either additional pre-paid multiple sessions or siblings. Please contact the office for information at [office@westoverclub.com](mailto:office@westoverclub.com)

### Session Dates

- Session 1: June 2-6
- Session 2: June 9-13
- Session 3: June 16-20
- Session 4: June 23-27
- Session 5: July 14-18
- Session 6: July 21-25
- Session 7: August 4-8
- Session 8: August 11-15

### Weekly Camp Activities

- Racquets Sports (Tennis, Pickleball)
- Gym Sports (Basketball, Dodgeball)
- Field Sports (Kickball, Capture the Flag)
- Arts/Crafts
- Fitness
- Swimming

### Daily Schedule

Camp Hours are **9 am - 12:30 pm**  
Drop-off is between 8:45 – 9 am  
Pick-up is between 12:30 - 12:45 pm  
Guardians must check campers in & provide pickup instructions daily on provided form.

### Camp Checklist

*\*We are a tech free camp, no devices during camp please.*

- Non-Marking Court Shoes
- Racquet (we can provide)
- Water Jug
- Sunscreen (applied)
- Swimsuit
- Towel
- Cap/Visor
- Snack /\$ for Concessions
- Camp Release

**Register** either on [CourtReserve](#) or download form and make payment to **Westover Hills Club**

Please select Session:

- 1  2  3  4  5  6  7  8

Name: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Guardian Name: \_\_\_\_\_

Guardian Email: \_\_\_\_\_

Guardian Phone: \_\_\_\_\_

Release: I, \_\_\_\_\_,

hereby release Westover Hills Club and its staff from any liability and consent to medical treatment for my child.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_