



**SOUTH END SPORTS CAMP
SUMMER 2020**

**South End Racquet
and Health Club**
2800 Skypark Drive
Torrance, CA 90505
Phone: (310) 530-0630
Email: shiela@southendclub.com

Registration Information

Parent or Guardian Name			
Address			
Telephones	Home	Work	Cell
First Child		Age	Sex
Second Child		Age	Sex
Third Child		Age	Sex
Email Address			
How Did You Hear About The Program?			Name of The School Your Child Attends

Multi Jurisdictional Authorization and Release for Medical and Dental Treatment

Doctor..... Phone.....

MEDICAL INSURANCE COMPANY..... Policy Number.....

Please specify any medical problems: allergies, past operations or treatment of serious illness:.....

Specify allergic reactions to medications and/or foods:.....

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the JAWS program. I hereby grant permission for my child to be included in evaluations and pictures connected to the JAWS program and the South End Club.

The undersigned, as the parent(s), or legal guardian(s), of the above-named person, (the "minor") hereby authorize the South End Club and its employees, and directors to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care (collectively "medical care") to be rendered to the minor under the general or special supervision and upon the advice of a physician or surgeon licensed under the laws of the state or other jurisdiction in which medical care is sought, and to consent to any x-ray, anesthetic, dental or surgical diagnosis or treatment and hospital care (collectively "dental care") to be rendered to the minor by a dentist licensed under the laws of the state or other jurisdiction in which dental care is sought.

The undersigned understand and agree that South End Racquet and Health Club shall not be legally or financially liable for any bill or medical expense incurred, or for any cause of action or claim arising from any medical care or dental care provided, or the lack of medical care or dental care. The undersigned hereby agree to indemnify, defend, and hold the South End Club harmless from any claim made by or on behalf of the minor person or the minor's heirs or parents or guardians arising out of any medical care or dental care provided.

***South End Club reserves the right to deny any entrance and / or continuation of camp to any child who is unruly and / or does not respect the rules of South End Club and the JAWS program.**

I have read/completed and agree to all the above. Initial.....

***Sign full name to represent your signature and acknowledge that the terms above have been accepted.**

SIGNED..... DATE.....



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Junior Athletic Workshop (JAWS)

Please check appropriate boxes from the list below:

<input type="checkbox"/> Members \$270/week	<input type="checkbox"/> Non-members \$300/week	<input type="checkbox"/> Daily \$90
<input type="checkbox"/> Additional swim lessons, \$50/week	<input type="checkbox"/> Before/After Care \$10/hour	
<input type="checkbox"/> Deduct \$20 for each additional siblings / wk		

Swim Ability Assessment for Minor

Please check appropriate circle:

- Does not know how to swim. (Must provide Foam Floaties)**
- Comfortable only in kids' pool. (From 1 1/2 - 4 1/2 Deep)
- Comfortable in deep water. (From 3 1/2- 11 Deep)

Please mark the weeks that your child will be attending.

NO CANCELLATION OR REFUND. Initial.....

Week	Dates	Week Pd	Swim Pd	Total
1	06/15-06/19			
2	06/22-06/26			
3	06/29-07/03			
*4	07/06-07/10			
5	07/13-07/17			
6	07/20-07/24			
7	07/27-07/31			
8	08/03-08/07			
9	08/10-08/14			
10	08/17-08/21			
11	08/24-08/28			

Credit Card Information

Please fill out the form and check the specific weeks and enclose a check or write your credit card number below along with its expiration date.

Name On The Credit Card.

Credit Card Number.CVC Exp. Date .../.../...

Emergency Contact Information



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Week #(s): _____
Child's Full Name: _____
Mother's Name: _____
Phone: _____
Father's Name: _____
Phone: _____

**Emergency
Contact**

Full Name: _____
Relation: _____
Phone: _____

Does your child take any medications? YES / NO

If Yes, please list:

Does your child have allergies? YES / NO

If Yes, please list:

Before/After Care

Full Name: _____
Week #: _____
Monday: _____
Tuesday: _____
Wednesday: _____
Thursday: _____
Friday: _____

Total Hours: _____

Must have Credit card on file for Before/After care.



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Get your child involved in a program that's fun and rewarding. Our Junior Sports Camp is for children ages 5-13 years. This successful summer camp has been held at South End Racquet and Health Club since 1982.

CAMP HOURS: Monday-Friday: 9am – 3pm

BEFORE/AFTER CARE: Before care is provided from 8am-9am and after care is from 3pm-6pm; it is \$10/hour per child. All before/after care will be totaled and charged at the end of the week (cc# on file is required).

ACTIVITIES: Campers participate in several sports throughout the club including: tennis, paddle tennis, racquetball, basketball, swimming, and kickball. For the younger camper, we offer arts and crafts as well.

RATIO: The campers are divided by age. Campers are well supervised at all times throughout the club. Ratio is 8 campers to 1 counselor

SWIMMING: Open swimming is held Monday thru Friday from 1:45pm -2:45pm during same time Group lessons are available at \$50/week Monday thru Thursday. Camp staff, as well as a certified lifeguard will supervise campers, at all times while in the pool. Younger children, with less swimming experience, will stay in the smaller pool (1.5' - 4.5' deep). Parents are responsible to inform the camp director if their camper has any limitations (i.e. can/cannot swim or uncomfortable in pool); the camp staff will follow these limitations to the best of their ability.

TENNIS: Campers will participate in one hour of tennis instruction that is held Monday thru Thursday. This is group instruction; children are split among tennis courts and taught by South End USPTA tennis staff.

LUNCH AND SNACKS: South End provides lunch and snack for your child daily. Snacks include chips and fruit. Lunches vary each day with foods such as: chicken nuggets, hamburgers, hot dogs and Mac & cheese (Grilled cheese and Jelly is always an alternative). Your child may bring his/her own lunch (no peanut butter) . Water and juice are easily accessible to campers and provided daily.



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**TARDINESS/
ABSENTEEISM:**

Campers are to be signed in to camp by 9:00am each morning. If your child will be late or absent from the camp, as a courtesy, we ask you to please contact South End front desk (310-530-0630) who will relay the message to the camp director. We ask you to please consider the other children in the camp and keep your child home if he/she is not feeling well.

If your child is being picked up early, please notify the camp director a night before.

No pickup during swim time (1:30pm- 2:30pm).

**WHAT TO SEND
WITH YOUR
CHILD:**

Campers should wear comfortable, **sports shoes (not crocs)**, and play clothes.

Sandals are only permitted at the pool area. Send your child with the following LABELED items daily:

- Backpack
- Sunscreen
- Swimsuit
- Towel
- Hat
- Tennis racquet (if he/she has one)

Each child will keep his/her belongings in the JAWS locker room.

**LOST AND
FOUND:**

South End Racquet and Health Club assumes no responsibility for lost or stolen items; please label all belongings with permanent marker. If something is misplaced, check the camps lost and found bucket or front desk lost and found. Unclaimed and found articles will be discarded at the end of each week.



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Waiver/Medical Authorization

WAIVER FOR DESPENSING OF MEDICATION

It is required by South End Racquet and Health Club Sports Camp (JAWS), as a condition to administer any prescription medication, that the medication be authorized by a physician, dentist, or other licensed prescriber. It is understood that prescription medication is administered solely at the request of and as an accommodation to the undersigned parent/guardian.

I/We request that _____

Receive _____

Name and dosage of medication

For the period from _____ to _____ at _____

Date Time(s)

Physician's description of any anticipated reaction of child to the medications.

I/We give permission for the above names student to be dispensed medication at camp for which an appropriate authorization to give medication at camp form has been approved. I/We understand that South End Racquet and Health Club Sports Camp (JAWS) does not have medical personnel on staff to assist in the administration of medication and that medication will be dispensed by the camp staff, I/we understand South End Racquet and Health Club Sports Camp (JAWS) will not and cannot assess the need for, or assume any risks associated with, the administration of any medication. I/We understand that the administration of any medication involves a risk of injury, which ranges from minor to catastrophic and that it is impossible to eliminate such risks. Despite this knowledge, I/we release South End Racquet and Health Club Sports Camp (JAWS) and each of its employees, agents, and representatives from all liabilities, claims, and demands for injury or loss that I/we and/or the above student may now or in the future have, resulting from the dispensing and/or administration of medication at camp or any disclosure relating to medication administered.

The prescription medication must be brought to camp in the original container appropriately labeled by the pharmacy or physician, stating the name of the student, the medication, and dosage.

Parent Signature

AUTHORIZATION FOR MEDICAL AND SURGICAL CARE:

If my child is injury in an accident or becomes seriously ill, and I or my designee cannot be reached, I authorize the director of summer programs to arrange for the transportation of my child to a licensed emergency medical care facility to receive prompt treatment. Furthermore, I authorize the medical personnel at the facility to provide such treatment to my child as is indicated by the nature and extent of his or her injury and that is in accordance with the protocols of standard medical practice. Finally, I accept full financial responsibility, for all costs, charges, and fees associated with the transportation of my child and for the treatment provided by the medical care facility to my child and absolutely and unconditionally agree to indemnify and to hold South End Racquet and Health Club Sports Camp (JAWS) harmless from all such costs, charges, and fees.

EMERGENCY CONTACT: _____

Name

Phone