



WELCOME TO PLYMOUTH COUNTRY CLUB - SUMMER CAMP 2010!!!

Tennis, Golfing, Swimming, and lots more!!

9:00am-2:00pm (Tuesday, Wednesday, & Thursday) \$150.00 per week

Weeks of: June 28, July 19 and July 26.

Snack and Lunch is included too!

APPLICATION/EMERGENCY CONTACT/PARENTAL CONSENT FORM

Please complete information and return to:

PCC - 888 Plymouth Road

Plymouth Meeting, PA 19462

Attention: Michelle Borkowski, Camp Coordinator

Non-PCC Members: Please send a \$50 deposit per child with this application.

(Final payment is Due June 15, 2010)

PCC Members: please add to my bill (deposit and final payment) Yes No

Family Name _____

Child's Name _____ **Birth Date** _____ **Age** _____

Will attend PCC camp the week of: (check all that apply) June 28 July 19 July 26

Does your child swim without a life jacket? YES NO

Does your child have their own golf clubs? YES NO

Does your child have their own tennis racket? YES NO

Child's Name _____ **Birth Date** _____ **Age** _____

Will attend PCC camp the week of: (check all that apply) June 28 July 19 July 26

Does your child swim without a life jacket? YES NO

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Legal Guardian #1 Name _____

Home Address _____

Home Phone _____ Work _____ Cell _____

E-mail _____

Legal Guardian #2 Name _____

Home Address _____

Home Phone _____ Work _____ Cell _____

E-Mail _____

Emergency Contact: In the event of an illness or accident, where I (we) cannot not be reached, the following people are permitted to release my children from camp and are authorized to act in my absence.

Name _____ Relationship to Child _____

Home Phone _____ Work _____ Cell _____

Please list any person(s) to who my child MAY NOT be released:

Name _____ Relationship to child _____

Medical Information:

Name of child's physician _____ Phone _____

Address _____ Name of Insurance Plan _____

Subscriber's Name (on Insurance Card) _____ Policy ID Number _____

SPECIAL CONDITIONS OR ALLERGIES THAT MAY REQUIRE SPECIAL CONSIDERATIONS AT CAMP.

PARENTAL CONSENT AND AGREEMENT FOR EMERGENCIES:

As parent/guardian, I give consent to have my child receive minor first aid by PCC Staff, and if necessary, be transported by ambulance to receive emergency care. I understand that I will be responsible for all charges not covered by insurance. I give consent for the emergency contact person listed on the other side to act on my behalf until I am available.

Parent / Legal Guardian #1 Signature _____

Parent / Legal Guardian #2 Signature _____

OFFICE USE: Deposit received/Billed to acct. _____ Final Payment _____

Welcome/Information Letter sent to Family _____

