



About HBC Junior Tennis Camp

We are planning an exciting summer of fun tennis and healthy exercise. The camp will involve your kids in tennis drills, games and activities. Emphasis will be on fundamentals, including rules, sportsmanship, etiquette, proper technique and consistency in hitting the ball. Campers will further develop each of the major tennis strokes and play tennis matches. Players will be divided by ability.

Tennis Camp HBC's mission is to provide an active educational and fun tennis camp for your children with focus on:

- Team Tennis
- Games
- Friendships
- Strategy
- Agility
- Drills
- Wednesday Swim
- Teamwork
- Sportsmanship
- Competition
- Stroke Technique

HBC Tennis Camp Fees

All fees are payable in advance

Full-Day Week Camps: 9:00am-3:00pm

Tennis Members: \$305 (wk of 7/4 \$183)

Fitness Members & Non-Members:

\$340 (wk of 7/4 \$204)

10% discount for siblings

Half-Day Week Camps: 9:00am-12:00pm

Tennis Members: \$190 (wk of 7/4 \$114)

Fitness Members & Non-Members:

\$225 (wk of 7/4 \$135)

10% discount for siblings

Remember to bring your lunch, or you can take advantage of our Box Lunch Program!

HBC offers Camp lunches for \$25 per week (see application to select weeks lunch is desired). Lunches consist of a sandwich, chips, fruit, cookie and a beverage. *Please do not choose our lunch program if your child has allergies or special dietary needs.*

Extended Care (Full Day kids only)

Extended Care is available before Tennis Camp from 7:30am to 9:00am and after Tennis Camp from 3:00pm to 6:30pm for Full Day Tennis Campers only. Drop off in the morning must be before 8:45am. Enrolling in Extended Care on this application is for full weeks only (mornings and/or evenings). Choose each week that Extended Care is needed.

Drop In's will be charged each day by the Extended Care staff (\$20 per day). Any children not picked up by 3:10pm will be taken to Extended Care in the Clubhouse and charged accordingly.

Refund Policy

Campers canceling with at least 30 days **WRITTEN** notice will receive a refund less a \$25 non-refundable deposit (per child per week of camp). Cancellations made with 14-30 days **WRITTEN** notice will receive a 50% refund. Cancellations made with less than 14 days notice will receive NO REFUND.

Prices are per week. We do not offer make-up days or refunds for unused days in a week. This includes, but is not limited to vacations and illness. **ALL CANCELLATIONS MUST BE DONE IN WRITING.** If we cancel the camp due to lack of attendance then you will be refunded 100% of your payment.



HBC 2017

For Boys & Girls Ages 5—16

A fun and educational camp for beginners and experienced tennis players alike!



**HARBOR
BAY
CLUB**

Alameda's Premier Health Club & Spa

200 Packet Landing Rd Alameda, CA

(510) 521-5414 x131

HBC Junior Tennis Camp - 2017 Application

Child's Name: _____
 Birth Date: _____ Grade Completed: _____
 Address: _____
 City: _____ Zip: _____
 Phone: _____
 Cell: _____ Work: _____
 Home: _____ Alt: _____
 Child's HBC Member # _____ NM

Parent's Name: _____
 Email: _____

Method of Payment

Check#: _____ HBC Account#: _____
 Credit Card#: _____ exp: _____

Permission to store payment info.
 Non-Members must have billing information on file.

All Tennis Camp enrollees must be 5 years or older and must be on HBC Tennis Membership to qualify for the Tennis Member Rate.

Tennis Camp Session Dates	Full Day		Half Day		** 10% OFF	Extended Care M-F	Lunch	Week Total
	TM	FM/ NM	TM	FM/ NM				
1) 6/12—6/16	\$305	\$340	\$190	\$225	\$ _____	Full Day only	M-F	\$ _____
2) 6/19—6/23	\$305	\$340	\$190	\$225	\$ _____	\$75	\$25	\$ _____
3) 6/26—6/30	\$305	\$340	\$190	\$225	\$ _____	\$75	\$25	\$ _____
4) 7/5—7/7**	\$183	\$204	\$114	\$135	\$ _____	\$45	\$15	\$ _____
5) 7/10—7/14	\$305	\$340	\$190	\$225	\$ _____	\$75	\$25	\$ _____
6) 7/17—7/21	\$305	\$340	\$190	\$225	\$ _____	\$75	\$25	\$ _____
7) 7/24—7/28	\$305	\$340	\$190	\$225	\$ _____	\$75	\$25	\$ _____
8) 7/31—8/4	\$305	\$340	\$190	\$225	\$ _____	\$75	\$25	\$ _____
9) 8/7—8/11	\$305	\$340	\$190	\$225	\$ _____	\$75	\$25	\$ _____
10) 8/14—8/18	\$305	\$340	\$190	\$225	\$ _____	\$75	\$25	\$ _____
* Circle ALL that apply for each week, enter discount amount and each week's total.								\$ _____
** no Camp July 3rd & 4th								\$ _____
** (10% discount for 2 or more siblings or signs up for 3 or more weeks)								\$ _____
TM: Tennis Member / FM: Fitness Member / NM: Non-Member								\$ _____

WAIVER

I, the undersigned, certify that I am the legal Parent/ Guardian of named participant, and that he/she has my permission to participate in this activity. I agree to assume full responsibility for any injuries incurred by him/her in connection with this activity. I understand that I may be called on to pick up my child if my child behaves in any way that is unsafe to my child's well being or another child's well being. Should a medical emergency arise, the Parent/Guardian will be notified immediately. If the undersigned is not available for consultation, permission is granted for the Harbor Bay Club Staff to obtain medical treatment as deemed necessary. Furthermore, the undersigned understands that all damages caused by the above named minor shall be paid by the minor or the undersigned to owner (s) of damaged item (s). Undersigned also realizes that he/she will be contacted immediately if the minor fails to comply with acceptable rules of conduct. The undersigned, in consideration of participation in this activity, agrees to indemnify and hold Harbor Bay Club harmless and release its offices, employees and agents from any liability for any injury arising out of or in any way connected with participation in this activity. I further understand that Harbor Bay Club does not carry medical insurance. I have read and understand the policies and conditions of this agreement and signify my agreement and approval with my signature.

T-Shirt Size
 S ___ M ___ L ___ M ___ L ___
 (Children's Sizes) (Adult Sizes)

SIGNATURE OF PARENT/GUARDIAN
 (Child will not be admitted to camp unless signed)

Harbor Bay Club Emergency Information

HBC Membership # _____
 Child's Name _____
 Parent (s)/Guardian Name _____

If not available, in an emergency please notify:

Name _____
 Relationship _____
 Phone (h) _____ (w) _____
 Cell phone _____

Physician _____
 Phone _____
 Dentist _____
 Phone _____
 Health Insurance Carrier & # _____

My child is on a normal schedule of immunizations Yes / No

Allergies / other health or medical considerations (please be specific)

Please note: Registration for children requiring special attention are reviewed on a case by case basis with Program Supervisor. Be sure to provide as much detail as possible including any physical or emotional needs and medications involved. HBC staff do not receive specialized training for various special needs, but will work with individuals as appropriate to provide a positive experience

Permission for Medical Treatment

In case of emergency or accident, if I am not available, I authorize the staff of Harbor Bay Club to seek medical treatment for my child at my expense.

Signed _____
 Date _____

It is the responsibility of parents to update the above information as changes occur.

How did you hear about HBC Junior Tennis Camp?
 Member? _____ Return Camper? _____
 Other? _____

