

SELVA MARINA COUNTRY CLUB  
**Summer Camp 2010**  
Registration

Child's Name \_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_

Parent's Names \_\_\_\_\_

Address \_\_\_\_\_

Telephone: 1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_

Alternate Person & Number \_\_\_\_\_

***Please circle your choice of each session to be attended:***

June 15th - June 25th • June 29th - July 9th

July 13th - July 23rd • July 27th - August 6th

August 10th - August 20th

Charge to Club Acct # \_\_\_\_\_ • Payment Attached (check/cash)

**Member Rates:**

\$265 per session (\$240 each if multiple children in SAME SESSION)

**Non-Member Rates:**

\$325 per session (\$295 each if multiple children in SAME SESSION)

\*Florida State Sales Tax is included in the above rates.

**NOTICE OF CANCELLATION WITH LESS THAN 7 (SEVEN)  
DAYS WILL NOT BE ENTITLED TO A REFUND**

Medical Authorization

I, the parent of the above mentioned child/children, give Selva Marina Country Club the authority to seek necessary medical attention in case of any injury to my child should I be unreachable at that time. I further agree not to hold Selva Marina Country Club or its employees responsible in any way.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Personal Physician & Telephone