



8345 WOODBERRY BLVD.  
CHAGRIN FALLS, OHIO 44023  
440-543-8171  
[www.wembleyclub.com](http://www.wembleyclub.com)

## Summer Camp 2016 Registration & Medical Forms

The Wembley Club Summer Camp is a five-day per week, sports, fitness and fun camp for ages 5-12. The first week will be only the four days (after Memorial Day) and the weekly price will be prorated at 4/5 of the other weeks.

Boys and girls will participate in the diverse camp curriculum in a small group format. Campers are taught by both male and female college age counselors and professional staff.

Each camp's day consists of a variety of activities, such as swimming, tennis, golf, arts and crafts. Each of these activities will include time for instruction and participation, allowing campers to experience successes as they acquire new skills.

Good sportsmanship, fair play and healthy "fun" are the goals of The Wembley Club Summer Camp. Participants may sign up for one, six or ten week packages. The Wembley Club Summer Camp is open to non-members. Non-members will be accepted based on availability. For more information please call our club at 440-543-8171.

### **Summer Camp runs May 31 – August 12**

#### **Member Rates:**

10 week session: \$1,850

6 week session: \$1,165

1 week session: \$223

Daily Rate: \$55

#### **Non-Member Rates:**

10 week session: \$1,995

6 week session: \$1,275

1 week session: \$248

Daily Rate: \$65

Hot Wembley lunches are available for \$5.00 per day

# THE WEMBLEY CLUB SUMMER CAMP 2015 APPLICATION FORM

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

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

Home Address: \_\_\_\_\_

City/St/Zip: \_\_\_\_\_

Birthdate: \_\_\_/\_\_\_/\_\_\_ Age as of June \_\_\_ M \_\_\_ F \_\_\_

T-Shirt Size: Child Small: \_\_\_\_\_ Child Medium: \_\_\_\_\_ Child Large: \_\_\_\_\_  
Adult Small: \_\_\_\_\_ Adult Medium: \_\_\_\_\_

Number of weeks attending: \_\_\_\_\_

Please circle week(s) attending:

Wk#1      Wk#2      Wk#3      Wk#4      Wk#5  
5/31-6/3    6/6-6/1    6/13-6/17    6/20-6/24    6/27-7/1

Wk#6      Wk#7      Wk#8      Wk#9      Wk#10      Wk#11  
7/4-7/8    7/11-7/15    7/18-7/22    7/25-7/29    8/1-8/5    8/8-8/12

## Emergency Information

It is mandatory that this form be filled out, completed and returned prior to your child attending camp.

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Mother's Home Phone \_\_\_\_\_ Father's Home Phone \_\_\_\_\_

Mother's Cell Phone \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_

Mother's Work Phone \_\_\_\_\_ Father's Work Phone \_\_\_\_\_

Email \_\_\_\_\_

If not available in an emergency, notify \_\_\_\_\_

Relationship \_\_\_\_\_ Home phone \_\_\_\_\_

Cell phone \_\_\_\_\_ Work Phone \_\_\_\_\_

### Medical information

List all known allergies of food, medication, animals, bees, etc. and any other diet limitations, medications or conditions that pertain to participant:

### Emergency Medical Authorization

In the event of an emergency, and that reasonable attempts have been made to reach parents/guardians at the numbers listed is unsuccessful, I hereby give consent for the administration of any treatment deemed necessary by:

Preferred Physician \_\_\_\_\_

Preferred Dentist: \_\_\_\_\_

Insurance Information

Name of insured \_\_\_\_\_

Carrier or Plan Name \_\_\_\_\_ Group \_\_\_\_\_

I /we the undersigned do hereby consent to our child's participation in the listed programs. Participant is in good health and can participate in all activities. Therefore, in consideration of services and programs to be provided by The Wembley Club, I/we do further release its agents and employees from any and all claim or liability to us for any damages or injuries which may be sustained by said participant in connection therewith.

\_\_\_\_\_  
Parent/Guardian Signature(s)

\_\_\_\_\_  
Date