



Sports Camp Registration Form

Session (Circle All That Apply) 1 2 3 4 5 6 7 8

Camper Name (Last, First)

Birthdate (MM/DD/YYYY)

Parent/Guardian Information

Name (Last, First)

Preferred Phone Number

Email Address

Address

City, State, Zip Code

Occupation

Employer

Relationship to Camper

Name (Last, First)

Preferred Phone Number

Email Address

Address

City, State, Zip Code

Occupation

Employer

Relationship to Camper

Camp Use Only
Member? _____
Received _____
Date _____

Tennis Club of Rochester
570 Kreag Road
Pittsford NY 14534
(585) 381-2529
carrieh.tcr@gmail.com



Authorized Pick- Up

Please read carefully: For the safety of your camper(s), only individuals authorized by you as indicated on this sheet will be allowed to pick up and drop off your child(ren). Please list ALL individuals who will be picking up or dropping off your child throughout their week at camp. This includes any other camper's parent or guardian who may be responsible for the pick up or drop off of your camper(s). **We cannot release your camper unless they are listed below.** Please inform anyone listed below that they will be required to provide photo identification on the day of their first pick up/drop off.

Please initial to indicate you have received and understand this form _____

Name (Last, First)

Phone Number

Relationship to Camper

Name (Last, First)

Phone Number

Relationship to Camper

Name (Last, First)

Phone Number

Relationship to Camper

Name (Last, First)

Phone Number

Relationship to Camper

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