

## Piranha Camp Application – 2011

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

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

Address \_\_\_\_\_

Phone # Work \_\_\_\_\_ Cell \_\_\_\_\_

Home \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Allergies \_\_\_\_\_

Important Medical Information \_\_\_\_\_

I give my permission for employees of West Meade Swim and Tennis Club to seek medical attention for my child in case of an emergency and I can not be reached.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mark each week that your child will attend.

**Camp days are Monday, Wednesday, Thursday each week- 9 a.m.-3p.m.**

Week 1 June 6, 8, 9

Week 2 June 13, 15,16

Week 3 June 20,22,23

Week 4 June 27,29,30

Week 5 July 11,13,14

Week 6 July 18,20,21

Week 7 July 25,27,28

**Fees- Must be paid 1 week prior. You may pay in advance for all weeks scheduled.**

**Members- \$100 per week**

**Non-members- Registration fee-\$25(1 per summer) \$125 per week.**

**Paid \_\_\_\_\_ Amount \_\_\_\_\_ Received by \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_**

**Date \_\_\_\_\_**

*If you wish to submit before the pool opens for the year, you may mail it to:  
West Meade Swim & Tennis Club, 4705 Alabama Ave. Nashville, TN 37209*