

Piranha Camp Application - 2009

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.

___ **June 1,3,4**

___ **June 29,July 1,2**

___ **June 8,10,11**

___ **July 6,8,9**

___ **June 15,17,18**

___ **July 13,15,16**

___ **June 22,24,25**

___ **July 20, 22,23**

___ **July 27, 29, 30**

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

Members- \$100 per week

Non-members- Registration fee-\$25(1 per summer) \$130 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, PO Box 50855, Nashville, TN 37205*