

# CAMP AT NEW MILFORD TENNIS AND SWIM CLUB



**OUR SUMMER CAMP PROGRAM IS BACK.** Tucked away at the foothills of the Berkshire Hills and a hidden gem, the New Milford tennis and Swim Club is home to one of the finest tennis facilities in the area.

We are a family oriented club offering active tennis programming, a large and beautifully maintained pool and deck area, kid's camp and various other social activities. Due to our success and growth over the past few years, space is limited to 50 campers per week. So please make your plans early to enjoy a memorable summer with us.

## DAILY ACTIVITIES

**FUN, FUN, FUN!** Throughout the day campers will have the opportunities to participate in various activities. These include daily tennis and swim instruction, free swim, arts and craft activities including face painting, tie dye etc. And sports like football, ping pong, basketball, and lacrosse and pickle ball. Our flagship is our tennis instructional program. We have tailored it under the guidance of the United States tennis Association to fit the needs of every age group and ability.

## STAFF & COUNSELLORS

New Milford tennis AND Swim Club Camp is safe, educational, instructional, and fun. All staff members are carefully chosen to help your children enjoy a variety of activities in an atmosphere of trust and confidence. Life guards will always be present in the pool area.

## GENERAL INFORMATION

- Summer camp starts Monday June 26th. There will be no camp on the fourth of July and the 4 day week of camp will be pro-rated.
- Before care for children available from 8:30 to 9.30 am for an additional fee of \$ 15 per child
- Sign in from 9.15 am -9.30 am.
- Morning session: 9.30 am-12:00
- Lunch break: 12 pm -1 pm
- Afternoon session: 1- 3. 30 pm
- After camp care provided from 3.30 pm – 5.00 pm for an additional fee of \$20 per child.
- A nonrefundable deposit of \$ 75 should accompany your registration. Balances are due May 1st. Credit cards will be charged the balance on May 1st.

Our summer camp program is back with more fun in store for your children!

Session Dates:

Week 1: June 26-30                      Week 5: July 24-28  
 Week 2: July 3,5-7 \*                      Week 6: July 31 - Aug 4  
 Week 3: July 10-14                      Week 7: Aug 7-11  
 Week 4: July 17-21                      Week(s) of camp chosen: \_\_\_\_\_

\*Adjustment rate due to holiday

Session Times:

Morning session: 9:30-12:00  
 Lunch break: 12-1:00  
 Afternoon session 1-3:30

Early drop off 8:30 to 9.30 am for an additional \$15 per day

Late Pick up 3.30- 5.00 for an additional \$20 per day

½ day : Members: \$160 per week non-members: \$200 per week:

Full day : Members: \$325 per week non-members: \$400 per week (Lunch is provided for full day only)

5 % discount for signing up for 4 weeks or more of full day camp. 5% discount for each additional sibling.

Suggested items to bring: swimsuit, towel, sneakers, sunscreen, snack and/or money to purchase at snack bar.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ 1/2 day \_\_\_\_\_ full day \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ 1/2 day \_\_\_\_\_ full day \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ 1/2 day \_\_\_\_\_ full day \_\_\_\_\_

Parent or Guardian \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ Phone# \_\_\_\_\_

Email \_\_\_\_\_ Total fee enclosed \_\_\_\_\_

I have read and accept the terms of the NMTSC disclaimer on the reverse of this sheet. \_\_\_\_\_

Credit Card#: \_\_\_\_\_ exp. date \_\_\_\_\_

Name on Card \_\_\_\_\_ CVC \_\_\_\_\_

We (I) understand that as participants or parents of participants of the New Milford Tennis & Swim Club we(I) hereby remise, release and forever discharge New Milford Tennis & Swim Club, its employees, and agents and its heirs, executors, and administrators, of and from all, and all manner of, actions and causes of action, suits, claims and demands whatsoever in law or equity occurring out of the operation of, or in any manner relating to, New Milford Tennis & Swim Club where we are guests for both on premise activities and for activities which require travel. We (I) acknowledge that we (I) use the pool and tennis courts at our (my) own risk and we (I) understand that the New Milford Tennis & Swim Club shall have no responsibility or liability to us (me), our children or our guests in the event of a claim arising out of any lost or stolen property or arising out of injury which may occur on the premises.

My signature on page 1 also represents that I have read the reverse side of this form and do hereby grant permission to New Milford Tennis & Swim Club and its staff, including owners, to take whatever steps deemed necessary to administer or obtain emergency medical care for myself and/or for any child listed above for whom I am the parent or legal guardian. Expenses incurred in obtaining emergency medical care will be borne by me.

Photographs will be taken periodically at any given event. My signature below represents my permission for New Milford Tennis & Swim Club to use photographs of any or all aforementioned members for marketing and publicity purposes including website posting. I understand such photographs will be taken in good taste and will not exploit any of its members. In the event that any member wishes the picture to be removed from ongoing media, the member may request in writing that such picture be removed and New Milford Tennis & Swim Club will comply as expeditiously as possible. I also understand that unless a specific achievement is being mentioned, no names will accompany pictures. (This paragraph is optional. If you choose not to participate, please strike through the entire paragraph.)

“Buyer’s Right to Cancel”

“If you wish to cancel this contract, you may cancel by mailing a written notice by certified or registered mail to the health club. The notice must say that you do not wish to be bound by this contract and must be delivered or mailed before midnight of the third business day after you sign this contract. After you cancel, the health club may request the return of all contracts, membership cards and other documents of evidence of membership. The notice must be delivered or mailed to: New Milford Tennis & Swim Club, 93 Aspetuck Ridge Road, New Milford CT 06776

You may also cancel this contract if you relocate your resident further than twenty-five miles from any health club operated by the seller or from any other substantially similar health club which would accept the obligation of the seller. This contract may also be canceled if you die, or if the health club ceases operation at the location where you entered into this contract. If you become disabled, you shall have the option of (1) being relieved of liability for payment on that portion of the term for which you are disabled or (2) extending the duration of the original contract at no cost to you for a period equal to the duration of the disability. You must prove such disability by a doctor’s certificate, which certificate shall be enclosed with the written notice of disability sent to the health club. The health club may require that you be examined by another physician agreeable to you and the health club at its expense. If you cancel, the health club may keep or collect an amount equal to the fair market value of the services or use of facilities you have already received.”

This application is deemed to be a contract between you and the New Milford Tennis and Swim Club. By executing this contract you agree to be bound by the rates for the applicable season and any charges that may be incurred by you, your family or your guests. Additionally, by executing this contract you agree that you are entering and using the facility at your own risk and that you are responsible to explain that to all members of your family and your guests.

New Milford Tennis & Swim Club reserves the right to cancel based upon the facility’s dispute policy. A copy of the dispute policy can be obtained at the office at New Milford Tennis & Swim Club.

Federal and State mandates will be followed for Covid rules.

Medical Information: \_\_\_\_\_

Primary Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternate Emergency Contact Name: \_\_\_\_\_ Phone \_\_\_\_\_

Our doctor is: \_\_\_\_\_ Phone \_\_\_\_\_

If you or anyone in your family has a medical condition in which we must be aware, please list the name of the person and their condition. ALLERGIES MUST BE LISTED!