



2024 Summer Camp Enrollment Guest Form

Please complete and return to the Front Desk 512-275-2301
 Completed forms may be scanned and e-mailed to reception@riverplaceclub.com.

One form per camper.

Participants Name: _____

Girl ____ Boy ____ Age: _____ Date of Birth: _____

Parent's Name: _____

Cell Phone: _____ Home Phone: _____

Email Address: _____

Credit Card Information: Visa ____ Mastercard ____ Expiration Date: _____

Name on Card: _____

Card Number: _____

Camp River Place	June 5-7	June 10-14	June 17-21	June 24-28
M-F	Full Day Half Day	Full Day Half Day	Full Day Half Day	Full Day Half Day
Ages 4-12	July 1-3	July 8-12	July 15-19	July 22-26
<i>Register at: kecams.com</i>	Full Day Half Day	Full Day Half Day	Full Day Half Day	Full Day Half Day

Please circle all dates attending

Tot Camp	June 4-7	June 18-21	July 9-12	July 23-26	August 6-9
M-TH 9 AM - 1 PM					
Ages 2-5					
Members \$65 per day or \$225 per week					
Non-Members \$70 per day or \$250 per week					

Tennis Camp	June 3-5	June 10-14	June 17-21	June 24-28	July 1-3
M-F 8:30 AM - 10:30 AM	July 8-12	July 15-19	July 22-26	July 24-August 2	August 5-9
Ages 4 & up					
\$50 per day or \$200 per week	<i>*Juniors currently enrolled in the program- Contact Kolby for pricing at kkilgo@arcisgolf.com</i>				

Golf Camp	June 11, 12, 13	June 25, 26, 27	July 9, 10, 11	July 23, 24, 25	August 6, 7, 8
T, W, TH 9 AM - 10:30 AM					
Ages 6 & up					
\$55 per day or \$150 per week					

Private Swim Lessons (June 1- August 14) *Members Only	<input type="checkbox"/> Yes, Please contact me to arrange Private Lesson time(s) and date(s) __ AM __ PM Start Date: _____
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*Unscheduled drop-in campers will be charged an additional fee.

*48 hours or less cancellation will be charged 50% of camp fee.

*Please fill out and return the medical release form with your application.

Parent's Signature: _____ Date: _____



Medical Release Form

River Place Country Club 2024

I _____ (parent/guardian's name) hereby give my permission for any and all medical attention to be administered to my child _____ (child's name) in the event of accident, injury, sickness, etc.

I also assume the responsibility for the payment of any such treatment.

Physician Name: _____

Physician Phone Number: _____

Known Allergies: _____

Medications: _____

Date: _____ Signature: _____

**This form must be completed and turned in with Camp registration form.
One form per child.*