



EXTENDED CAMP CARE



Calabasas Tennis & Swim Center
23400 Park Sorrento Calabasas, CA 91302
(818) 222-2782

June 10th-August 16th

5-12 YEARS

Extend your time & extend the fun!

Bring your child to XCC anytime between 7:00-11:30am and/or 3:30-6:00pm and our XCC staff will have activities, games & crafts. Our XCC staff will walk your child to camp, help them order lunch with the café & keep them entertained until you pick them up. Registration will be taken at the Front Desk of the Calabasas Tennis and Swim Center. Water and snacks provided.

Must pay before attending, fees are per day/session

AM Session (7:00-11:30am)	\$16	Drop In \$20
PM Session (3:30-6:00pm)	\$12	
Both Sessions	\$25	Drop In \$30



Changes MUST be made 24 hours in advance to receive a transfer of dates. NO EXCEPTIONS OR REFUNDS.
Please select each day and session to attend. No camp July 4th.

Week 1: June 10-June 14					
DATE	Jun-10	Jun-11	Jun-12	Jun-13	Jun-14
AM	M	T	W	TH	F
PM	M	T	W	TH	F

Week 2: June 17-June 21					
DATE	Jun-17	Jun-18	Jun-19	Jun-20	Jun-21
AM	M	T	W	TH	F
PM	M	T	W	TH	F

Week 3: June 24-June 28					
DATE	Jun-24	Jun-25	Jun-26	Jun-27	Jun-28
AM	M	T	W	TH	F
PM	M	T	W	TH	F

Week 4: July 1-July 5					
DATE	Jul-01	Jul-02	Jul-03	Jul-04	Jul-05
AM	M	T	W	NO XCC	F
PM	M	T	W	NO XCC	F

Week 5: July 8-July 12					
DATE	Jul-08	Jul-09	Jul-10	Jul-11	Jul-12
AM	M	T	W	TH	F
PM	M	T	W	TH	F

Week 6: July 15-July 19					
DATE	Jul-15	Jul-16	Jul-17	Jul-18	Jul-19
AM	M	T	W	TH	F
PM	M	T	W	TH	F

Week 7: July 22-July 26					
DATE	Jul-22	Jul-23	Jul-24	Jul-25	Jul-26
AM	M	T	W	TH	F
PM	M	T	W	TH	F

Week 8: July 29-August 2					
DATE	Jul-29	Jul-30	Jul-31	Aug-01	Aug-02
AM	M	T	W	TH	F
PM	M	T	W	TH	F

Week 9: August 5-August 9					
DATE	Aug-05	Aug-06	Aug-07	Aug-08	Aug-09
AM	M	T	W	TH	F
PM	M	T	W	TH	F

Week 10: August 12-August 16					
DATE	Aug-12	Aug-13	Aug-14	Aug-15	Aug-16
AM	M	T	W	TH	F
PM	M	T	W	TH	F





REGISTRATION



CITY of CALABASAS

PLEASE PRINT NEATLY

ONE FORM PER CHILD

Adult's Name: _____
(Last) (First)

Address: _____ City & Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

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PARTICIPANT NAME	GENDER	BIRTHDATE
	Total Fees	

Method of Payment: Cash Check M/C AMEX DISC VISA

CHECKS PAYABLE TO "THE CITY OF CALABASAS" *Separate from Top Seed Tennis Summer Camp*

Name that appears on card: _____

Billing Address: _____

Card#: _____ EXPIRES: _____ / _____ CVV: _____

The undersigned hereby agrees to defend, indemnify, and hold harmless the City of Calabasas and its officers, employees and agents from any and all loss, liability charges and expenses (including attorney's fees) and cost which may arise by reason of participation in any program. The City does not provide accident, medical, liability, or worker's compensation insurance for program participants. As parent/guardian, I hereby consent to emergency treatment of my minor child as a result of accident or injury. I further agree to pay any and all costs incurred as a result of said treatment. I agree to carefully inspect and satisfy for myself that the facilities provided are reasonably safe for their intended use. Once having conducted the inspection, I hereby agree to expressly assume the risk of participating at the premises. I understand the City retains the right to use photos taken during activities for publicity purposes.

Adult/Parent Signature: _____ Date: _____

SIGNATURE IS REQUIRED TO PROCESS REGISTRATION

Please indicate if this participant has special needs:

____ Visually Impaired ____ Hearing Impaired ____ Mobility Impaired ____ Learning Impaired