



EXTENDED CAMP CARE



CITY of CALABASAS

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

June 11th-August 17th

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 will be provided.

Must pay before attending, fees are per day/session

AM Session (7:00-11:30am)	\$14	Drop In \$16
PM Session (3:30-6:00pm)	\$10	
Both Sessions	\$20	Drop In \$25



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 11-June 15					
DATE	Jun-11	Jun-12	Jun-13	Jun-14	Jun-15
AM	M	T	W	TH	F
PM	M	T	W	TH	F

Week 6: July 16-July 20					
DATE	Jul-16	Jul-17	Jul-18	Jul-19	Jul-20
AM	M	T	W	TH	F
PM	M	T	W	TH	F

Week 2: June 18-June 22					
DATE	Jun-18	Jun-19	Jun-20	Jun-21	Jun-22
AM	M	T	W	TH	F
PM	M	T	W	TH	F

Week 7: July 23-July 27					
DATE	Jul-23	Jul-24	Jul-25	Jul-26	Jul-27
AM	M	T	W	TH	F
PM	M	T	W	TH	F

Week 3: June 25-June 29					
DATE	Jun-25	Jun-26	Jun-27	Jun-28	Jun-29
AM	M	T	W	TH	F
PM	M	T	W	TH	F

Week 8: July 30-August 3					
DATE	Jul-30	Jul-31	Aug-01	Aug-02	Aug-03
AM	M	T	W	TH	F
PM	M	T	W	TH	F

Week 4: July 2-July 6					
DATE	Jul-02	Jul-03	Jul-04	Jul-05	Jul-06
AM	M	T	No XCC	TH	F
PM	M	T	No XCC	TH	F

Week 9: August 6-August 10					
DATE	Aug-06	Aug-07	Aug-08	Aug-09	Aug-10
AM	M	T	W	TH	F
PM	M	T	W	TH	F

Week 5: July 9-July 13					
DATE	Jul-09	Jul-10	Jul-11	Jul-12	Jul-13
AM	M	T	W	TH	F
PM	M	T	W	TH	F

Week 10: August 13-August 17					
DATE	Aug-13	Aug-14	Aug-15	Aug-16	Aug-17
AM	M	T	W	TH	F
PM	M	T	W	TH	F





REGISTRATION



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: _____ / _____

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