



BFT 2010 Online Camp Registration



1) PERSONAL

Camper Name _____ / / _____
 First Last Date of Birth Email Address
 Address _____
 Street and Apt # Home Phone #
 City State Zip Work Phone #
Shirt Size: Please circle: Youth S Youth M Youth L Youth XL Adult S Adult M Adult L Adult XL
 Emergency Contact Name & Phone # _____

2) ATTENDANCE (Please circle the location you want your child to attend and check your child's level of play)

AT BFT (Pikesville Hilton)			OUTDOOR FACILITY (St. Timothy's School)		
Munchkin (Ages 4-6)	Beginner	Intermediate	JV-JETT	Varsity-JETT	State-JETT
<input type="checkbox"/> 1.0 <input type="checkbox"/> 1.5	<input type="checkbox"/> 2.0 <input type="checkbox"/> 2.5	<input type="checkbox"/> 3.0 <input type="checkbox"/> 3.5 <input type="checkbox"/> 4.0	<input type="checkbox"/> 4.5	<input type="checkbox"/> 5.0	<input type="checkbox"/> 5.5
Weeks Desired: (Please circle)	Week 1 Jun 7-11 Week 2 Jun 14-18 Week 3 Jun 21-25	Week 4 Jun 28-Jul 2 Week 5 Jul 5-9 Week 6 Jul 12-16	Week 7 Jul 19-23 Week 8 Jul 26-30 Week 9 Aug 2-Aug 6	Week 10 Aug 9-13 Week 11 Aug 16-20 Week 12 Aug 23-27	

ARE YOU AN ACADEMY MEMBER Yes No (Did you train at least 16 weeks in the Academy from Sept. '09– May '10?)

ARE YOU NOT SURE WHICH WEEK(S) YOUR CHILD IS GOING TO ATTEND CAMP BUT YOU STILL WANT TO TAKE ADVANTAGE OF THE EARLY REGISTRATION SAVINGS?

That's fine, pay your \$100 deposit or pay in full for the number of week you expect to attend and check option "B" in section 4. You have until 5/15/10 to make up your mind on the week(s) your child will attend.

3) ADDITIONAL AMENITIES Do You Need Extended Day Care (Indoor Only)? Yes No (\$3/session) 7:30-9:00 am 4:00-6:00 pm Both

4) Payment Information & Pre-Registration SAVINGS–Available Until 2/28/10

Option 1: 10% Savings w/ \$100 Deposit

- A) Yes, I have enclosed my \$100 deposit and I have confirmed my weeks:
Please deduct **10% off my balance!** (for deposits received prior to 2/28/10*) Date of Deposit _____
- B) Yes, I have enclosed my \$100 deposit and I will confirm the weeks my child will attend by 5/15/10
Please deduct **10% off my balance!** (for deposits received prior to 2/28/10*) Date of Deposit _____

Tot. # Of Wks: _____ **Cost/Wk:** _____ **Total:** _____ **Deposit⁺:** _____ **Disc:** _____ **Balance:** _____

Option 2: Pay In Full by 2/28/10 and Save 20% New for 2010

- A) Yes, I have confirmed my weeks and enclosed is my Full Payment with 20% deducted[‡] Date of Full Payment _____
- B) I'm not sure which weeks my child is attending but I know they will be attending a specific number of weeks.
I have enclosed a Payment in Full for those weeks with 20%[‡] deducted. I will confirm the weeks my child will attend by 5/15/10

Tot. # Of Wks: _____ **Cost/Wk:** _____ **Total:** _____ **20% Disc:** _____ **Full Payment Amt[‡]:** _____

Amount of Enclosed Payment: _____ Make checks payable to: **Baltimore Fitness & Tennis** 1726 Reisterstown Rd – Baltimore, MD 21208

5) 2010 SUMMER CAMP PRICES PER WEEK (Indoor & Outdoor Locations)

# Of Weeks	1 wk	2 wks	3 wks	4 wks	5 wks	6 wks or more
* Discount		3%	5%	10%	15%	20%
Non-Academy Members (price/wk)	\$309	\$299	\$293	\$279	\$263	\$247
Academy Members (price / wk)	\$289	\$279	\$274	\$260	\$245	\$231

½ Day Programs are available at 60% of the full day rate for 4-6 year olds.

Lunch, **Daycare and Swimming Available (Additional Charge) *Discounted prices are not retro-active to prior weeks already attended (see BFT staff for explanation)

6) SUMMER CAMP POLICIES & PARENT SIGNATURE

To receive a 10% early registration discount off my balance, a \$100 non-refundable deposit⁺ must be enclosed with this application on or before **February 28, 2010**. To deduct 20% off my camp total a full payment must be enclosed with this application on or before February 28, 2010. [‡]If additional weeks are added after 2/28/10 and prior to your child attending their 1st week of camp – those additional weeks will be eligible for a 10% discount only. All registrations received **after February 28, 2010** are not eligible for early registration discounts. **Balances are due 2 weeks prior to the 1st day of camp.** Refund policy^{*}: Refunds are issued for campers who have permanently moved beyond a 30-mile radius of BFT (proper documentation required) or for campers who have a permanent injury (proper documentation from a doctor required). Parents are responsible for child's health and accident insurance and must provide BFT with an updated health record prior to first day of camp (A health form will be mailed). Hold Harmless: I hereby agree to hold Baltimore Fitness and Tennis, Your Tennis & Fitness, LLC and each and all of their respective representatives, employees, heirs, and assigns harmless for any injury, or damages which may incur as a result of my child's attendance and/or participation in any activity with BFT.

Parent Name: _____ Parent Signature: _____
I have read and understand all of the above _____
Date _____