



Racquets Summer Camp

Smash, boast, and spin your way to victory in a Racketlon with this full day racquet camp. Campers will play tennis, squash and table tennis, and after a long day of racquet sports hang in the pool or play games till pick-up.

How to Register

Fill in the registration form and hand to the WH Edgemont Front Desk with payment. For members, make sure you fill in the membership information and indicate if you would like your account to be charged. Members are also able to email their registration form to Adrian at acourt@worldhealth.ca

Camp Weeks

Summer Camps 2017	Cost
Camp 1 - July 4 th to July 7 th	\$320.00 + GST
Camp 2 - July 10 th to July 14 th	\$399.00 + GST
Camp 3 - July 17 th to July 21 st	\$399.00 + GST
Camp 4 - July 24 th to July 28 th	\$399.00 + GST
Camp 5 - August 14 th to August 18 th	\$399.00 + GST

Lunch option is available for an additional \$12/day + GST

Daily Activities

Time	Monday	Tuesday	Wednesday	Thursday	Friday
8:30am	Drop-off/ Warm-up games	Drop-off/ Warm-up games	Drop-off/ Warm-up games	Drop-off/ Warm-up games	Drop-off/ Warm-up games
9:00am	Tennis/ Table Tennis	Tennis/ Table Tennis	Tennis/ Table Tennis	Tennis/ Table Tennis	Racketlon
10:50am	Snack/ Switch sports	Snack/ Switch sports	Snack/ Switch sports	Snack/ Switch sports	Racketlon
11:10	Table Tennis/ Tennis	Table Tennis/ Tennis	Table Tennis/ Tennis	Table Tennis/ Tennis	Racketlon
1pm	Lunch	Lunch	Lunch	Lunch	Lunch
2pm	Squash	Squash	Squash	Squash	Games
4pm	Pool	Pool	Pool	Pool	Pool
4-5pm	Pick-up	Pick-up	Pick-up	Pick-up	Pick-up



Summer Camp Registration Form

Staff Only
Date and Time:

SESSION: Summer **Week:** _____ **COST:** _____ **LUNCH:** Yes/No

GENERAL INFORMATION: (please print clearly)

Name: (last name) _____ (first name) _____

Membership ID: _____ **Charge Account?** Yes/No

Date of Birth: _____ **Age:** _____

Home Address: (street) _____

(City) _____ (postal code) _____

Home Phone: _____ **E-mail:** _____

Parents Name: _____

Bus. Phone: _____ **Cell Phone:** _____

Please list any pre-existing medical conditions (asthma, allergies, injuries etc.)

Person to contact in case of an emergency

Name: _____ **Phone:** _____