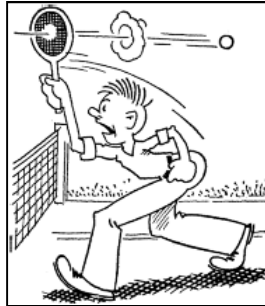


# Corpus Christi Country Club Golf / Tennis / Swim Camp - 2011



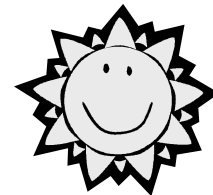
## ***Information Sheet***

Session I	-	June 7	-	June 17	(2 weeks)
Session II	-	June 21	-	July 1	(2 week)
Session III	-	July 12	-	July 22	(2 weeks)
Session IV	-	July 26	-	August 5	(2 weeks)
Session V	-	August 9	-	August 19	(2 weeks)

**\*\*Each session will be limited to 60 campers.\*\***

(with Members having preference)

**Times**     **9 am to 2 pm Tuesday thru Friday**



### **Age and Groupings**

The program is open for children ages 5 through 10. Each child must be 5 years old on the 1<sup>st</sup> day of camp. Age grouping will be implemented in all areas. The general age breakdown for groupings will be 5-6; 7-8; & 9-10. A buddy request section is on the application form.

### **Applications**

Applications will be accepted immediately from club members. Club members will have preference over non-members and campers signing up for two weeks will have preference over campers signing up for only one week in a two week session.

### **Fees:**

<b>2 Week Fees:</b>	\$295.00 per Member	<b>Weekly Fees:</b>	\$165.00 per Member
	\$360.00 per Non-Member		\$195.00 per Non-Member

**Full Payment is required with application**

# **ACTIVITES**

## **TENNIS**

The tennis program will be under the direction of Jacquelyn Robles, USPTA Tennis Professional and staffed by pros, college, and high school players.

## **GOLF**

The golf program will be under the direction of PGA Golf Professional Doug DeSive and his able staff of assistants.

## **SWIMMING**

This program will be administered by Judith Foster and her qualified instructors with WSI Certifications.

The swim staff will be available outside day camp hours for Day Campers and others who desire private instruction.

The Swimming Staff will conduct one class in boating safety for our day campers.

## **ARTS & CRAFTS**

This program will be administered by Jacquelyn Robles, and our own staff members.

## **RECREATION**

Various recreational games and events are planned for the campers under the direction of the camp staff.

## **AWARDS**

Each camper will receive awards in the various sports areas – tennis, swimming & golf.

## **ATTIRE**

Campers are expected to wear the camp t-shirt each day. Campers have the option of wearing bathing suits under clothes or bringing them separately. Names should be placed on all personal items and articles of clothing. No cut-offs or shorts will be allowed in the pool.

## **EQUIPMENT**

The camp will provide a “Camp T-Shirt & Bag”. Towels will be furnished by the Country Club or campers may bring their own. Additional shirts may be purchased for \$12 each.

## **EQUIPMENT** cont.

All equipment for the campers will be provided by the Day Camp. A child may bring their own tennis racquet. Golf Equipment will be provided – **Please No Golf Clubs.**

## **LOST & FOUND**

A lost and found box will be located in the tennis area. The Corpus Christi Country Club will not be responsible for lost articles, clothing, or equipment by campers.

## **GROUPING REQUESTS**

Buddy System – Any request for special camp assignments should be made prior to the first day of camp. Requests for this system must be within one year of age of buddy.

## **DAILY SCHEDULE**

Campers will receive camp T-shirt, bag and a schedule the first day of camp during orientation.

After the first day, each camper will report at 9:00 am to the bleachers near the tennis courts. A camp counselor will then take each group to their scheduled activity – Tennis, Swimming, or Golf.

Lunch is served at noon each day and is buffet style with a varied menu offered daily.

Arts & Crafts and Recreation activities are planned for the afternoon.

The main club area will be off-limits to all campers during camp hours.

Pick-up will be between 2:00 p.m. and 2:15 p.m. at the circle drive. Children will not be allowed in the parking lot area without chaperons.

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Please mail or bring your application to:

**Gerry Maingot**  
**Corpus Christi Country Club**  
**6300 Everhart**  
**Corpus Christi, Texas 78413**  
**Phone: 991-7561**  
**Fax: 991-2883**

**Texas Department of State Health Services**  
**Camp ID No: 250222**

# Corpus Christi Country Club

## Application Form

### 2011 Tennis/Golf/Swim Camp

Please sign my child up for:

- Session I - June 7 - June 17
- Session II - June 21 - July 1
- Session III - July 12 - July 22
- Session IV - July 26 - August 5
- Session V - August 9 - August 19

Name of **Member** Camper \_\_\_\_\_ \$ 295.00

Or

Name of **Guest** Camper \_\_\_\_\_ \$ 360.00

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

AGE \_\_\_\_\_ BIRTHDAY \_\_\_\_\_ MALE or FEMALE

PHONE (Home) \_\_\_\_\_ (Office) \_\_\_\_\_ (Cell) \_\_\_\_\_

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#### PAYMENT:

\*Charge to Member Account # \_\_\_\_\_

\*Cash or Check # \_\_\_\_\_

\*Charge to Credit Card # \_\_\_\_\_ Exp. \_\_\_\_\_

Name on Card \_\_\_\_\_ (Visa / Mastercard / Discover)

Address for Card \_\_\_\_\_

\_\_\_\_\_  
Signature of cardholder

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#### Camper shirt size:

- Youth Small (6 -8)
- Youth Medium (10 - 12)
- Youth Large (14 - 16)
- Adult Small (32 - 34)
- Adult Medium (36 - 38)
- Adult Large (38 - 40)

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"Buddy" Requests – Same age group, please.

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

(4) \_\_\_\_\_

CORPUS CHRISTI COUNTRY CLUB

2011 TENNIS/GOLF/SWIM CAMP

GENERAL RELEASE OF ALL LIABILITY

\*\*\*\*\*

Mr. and Mrs. \_\_\_\_\_ of  
(Address) \_\_\_\_\_

The parent (s) of \_\_\_\_\_

Our minor child, do hereby release for and in behalf of ourselves and our minor child, CORPUS CHRISTI COUNTRY CLUB, 6300 Everhart, Corpus Christi, Texas, all owners, contractors, and employees of such Club, for any and all damages and/or personal injury that may occur from any connections with such Club's sponsoring a Day Camp on

(Date) \_\_\_\_\_, 2011

This is a full release of any and all claims given in consideration for CORPUS CHRISTI COUNTRY CLUB, it's owners, contractors, and employees, sponsoring the above Day Camp.

Mr. and Mrs. \_\_\_\_\_, the undersigned, have read this release, understand all its terms and hereby execute it voluntarily and with full knowledge and understanding of its significance.

MEDICAL RELEASE: We hereby also consent to emergency medical/or hospital services that may be rendered by accredited hospitals or by appointed physicians, in the event such need arises in the opinion of a duly licensed physician.

Dated: \_\_\_\_\_, 2011

IF POSSIBLE CONTACT MY PHYSICIAN in case of illness or injury:

Name of Physician:

Phone \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of parent or guardian

PLEASE LIST ANY PERTINENT INFORMATION CONCERNING CAMPER.

(Allergies, Medication, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_