



Twin Creeks
Country Club

2012 Summer Programs Enrollment Form

Please complete and return to the Front Desk at:

Twin Creeks Country Club 3201 Twin Creeks Club Drive Cedar Park, Texas 78613

Phone: 512-331-5900 Fax: 512-331-5565 www.twincreeksclub.com

A signed form for **each participant** is required. Please make copies or call for additional forms as needed.



Participants Name: _____

Girl _____ Boy _____ Age: _____ Date of Birth: _____

Parents Name: _____ Member Number: _____

Address: _____

City: _____ ST: _____ ZIP: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Payment, Please check: _____ Member Charge _____ Check (Payable to Twin Creeks Country Club)

_____ Visa/MC/Discover#: _____ Exp Date _____

Circle Camps Attending:	Please Check Selected Dates:
Camp Twin Creeks (Select week attending and AM or PM for ½ day and full day sessions)	<input type="checkbox"/> June 11-15 <input type="checkbox"/> June 18-22 <input type="checkbox"/> June 25-29 <input type="checkbox"/> June 2-July 6 <input type="checkbox"/> July 9-13 ___ AM ___ PM ___ AM ___ PM ___ AM ___ PM ___ AM ___ PM ___ AM ___ PM <input type="checkbox"/> July 16-20 <input type="checkbox"/> July 23-27 <input type="checkbox"/> July 30-Aug 3 <input type="checkbox"/> August 6-10 <input type="checkbox"/> August 13-17 ___ AM ___ PM ___ AM ___ PM ___ AM ___ PM ___ AM ___ PM ___ AM ___ PM
Cheer Bliss Cheerleading	<input type="checkbox"/> June 11-14 (beg) <input type="checkbox"/> June 11-14 (adv) <input type="checkbox"/> July 16-19(beg) <input type="checkbox"/> July 16-19 (adv)
Golf Camp	<input type="checkbox"/> June 11-14(ages 5-9) <input type="checkbox"/> June 18-21(ages 10&up) <input type="checkbox"/> July 16-19(ages 5-9) <input type="checkbox"/> July 23-26(ages 10&up)
Hip Hop Camp	<input type="checkbox"/> June 19-22 <input type="checkbox"/> August 14-17
Cooking Camp	<input type="checkbox"/> July 10-13 <input type="checkbox"/> August 7-10
Magic Camp	<input type="checkbox"/> July 16-20
Art Camp	<input type="checkbox"/> June 25-28 <input type="checkbox"/> July 30- Aug 2 <input type="checkbox"/> August 13-16
Lego Camp	<input type="checkbox"/> June 11-15 (beg) <input type="checkbox"/> June 11-15 (adv) <input type="checkbox"/> July 23-27(beg) <input type="checkbox"/> July 23-27 (adv)
Clinics/Classes:	
Golf Clinics (Select Days & Clinic package)	Beginner: <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Sat <input type="checkbox"/> per clinic <input type="checkbox"/> one clinic/wk <input type="checkbox"/> monthly
Swim Lessons:	
Private Lessons (Level 1)	<input type="checkbox"/> Yes, Please contact me to arrange time(s) and date(s) for lesson(s)
Group Lessons (Select Level & Dates)	<input type="checkbox"/> Level 2 (11:15-11:45am) <input type="checkbox"/> Level 3 (12:00-12:30pm) <input type="checkbox"/> Level 4 (12:45-1:15pm) <input type="checkbox"/> June 12-22 <input type="checkbox"/> July 10-20 <input type="checkbox"/> August 7-17

**Unregistered campers will be required to pay an additional \$25 walk-in fee. * Camp cancellations must be made 7 days in advance. 48 hours or less cancellation will be charged 50% of camp fee. *Please fill out and return the medical release form with your application.*

Parent's Signature: _____ Date _____



Medical Release Form
Twin Creeks Country Club
2012

I _____ (parent/guardian's name)

hereby give my permission for any and all medical attention to be

administered to my child _____(child's name)

in the event of accident, injury, sickness, etc. I also assume the

responsibility for the payment of any such treatment.

Physician Name: _____

Physician Phone Number: _____

Known Allergies: _____

Medications: _____

Date: _____ Signature: _____

****This form must be completed and turned in with Camp registration form.
One form per child***

****If attending Camp Twin Creeks, a copy of your child's current shot records will
also need to be turned in by their 1st day of camp.***