

## 2021 Summer Camp Registration Form

Circle Camps Attending: May 31-Jun 4 June 7-11 June 14-18 Jun 21-25 Jun 28-Jul 2  
July 5-9 Jul 12-16 Jul 19-23 Jul 26-30 Aug 2-6 Aug 9-13

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Name of Camp Attending \_\_\_\_\_ If Tennis Only, Which Level? \_\_\_\_\_

DOB \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Parent's Name \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

### Additional Siblings Attending Camp

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Please list any allergies or medical information we may need to know for each child registered:

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

If your child has ANY special dietary restrictions please let us know as we may provide snacks throughout the day.

Drop off is 9am Monday-Friday. Children are permitted to make snack/drink purchases in our pro shop if money is put on account. All children will be fully supervised. Please send your child with a lunch and a change of clothes & towel daily for All Day Camp.

I understand the terms/conditions stated above. I fully understand that there are inherent risks associated with playing sports and I accept those risks on behalf of my child(ren). In the event of an emergency and neither I nor my emergency contact can be reached, I authorize the management at Samuell Grand Tennis Center to have my child transported to the nearest emergency facility.

I authorize Impact Activities and Samuell Grand Tennis Center to use my child's photograph/video for promotional purposes.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date