

ELITE JUNIOR TENNIS CAMP REGISTRATION FORM

deadline Wednesday June 24th

Email to olivia@oakknollcountryclub.com

• Player Name(s) _____

• Age _____

• Experience Level? _____
(see options below) _____

- Introductory- has never played
- Beginner- has played a few times
- Intermediate- has taken a class or lesson
- Advanced: Plays weekly/regularly
- Advanced Tournament player

• Parent/Guardian Name _____

• Address _____

• Phone number _____

• Email _____

• 1 week camp

• member rate \$230 _____

• non member rate \$240 _____

• Early bird registration Wed June 17 (\$20 off) _____

• Lunch included for the week \$20 _____

• Payment method? _____

-Cash, check, credit card

Players should bring a water bottle with ice, hand towel to use on court, swimsuit, pool towel, change of clothes, snack, tennis shoes and tennis racquet. Please let tennis director, Olivia Pedro, know if you do not have a tennis racquet. We can get you a racquet to use for camp.

Emergency Contact

Name: _____

Relation: _____

Cell Phone: _____

Name: _____

Home Phone: _____

Relation: _____

Cell Phone: _____

Medical Background

List any medical, psychological, or emotional condition for which your child is being treated at the present time and staff would need to know concerning your child

List all medication he/she is currently taking if you feel it is important for staff to know

List any allergies (food, environmental, medicinal, etc.)

Medical Treatment Consent and Liability Release

I, _____, do hereby grant permission for my child to receive necessary medical treatment in the event of an injury or illness while attending the Tennis Camp hosted at Oak Knoll Country Club. I accept responsibility for full payment of any and all medical treatment. I hereby voluntarily and knowingly waive my right to file any claim against volunteers, workers, and their representatives of the Tennis Camp, therefore releasing and holding harmless from any and all claims, demands, causes of action, expense and the exercise of this authority. All players are accepting responsibility for participating at will and will follow the direction and advisory of coaches and staff. I hereby confirm that I have carefully read and completed the above information regarding my child. With informed consent, I fully understand the implication of submitting the 2019 Medical Form for the Tennis Camp.

Parent/Guardian Signature Date