

# Hampton Tennis Center

9 Woodland Road Hampton, VA 23663  
757-727-1193

## Registration Form

### PARTICIPANT INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone number \_\_\_\_\_ E-mail \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Contact Number \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Contact Number \_\_\_\_\_

### CAMP INFORMATION

Tennis Camp Week 1: July 24 - 27 Week 2: August 7 – 10 Week 3: August 21 – 24

### PARENT/GUARDIAN INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ E-mail \_\_\_\_\_

Phone number \_\_\_\_\_ Work number \_\_\_\_\_ Cell number \_\_\_\_\_

### COST

Cost: \$90 per week, \$80 for each additional family member.

### Camper Code of Conduct

In order to maintain a safe and peaceful camp environment we require parents and campers to read and comprehend the importance of abiding by the following code of conduct. I will follow the camp schedule. I will bring only the listed items to camp (no weapons, electronic items, etc.). I will respect counselors, directors, and other campers by not using foul language, name calling or fighting. I will follow all safety rules set forth by the camp staff.

Camper Signature \_\_\_\_\_ Date \_\_\_\_\_

**Parent's Authorization**

My child has had a recent physical on \_\_\_\_\_ and may participate in all activities at the Hampton Tennis Camp. I give my child permission to be treated by emergency response personnel. I understand that every attempt will be made to contact me, or the emergency contact, before taking this action. I hereby waive and release Hampton Tennis Camps, staff, camp management and sponsors from any liability for any injury or illness incurred while at camp. I UNDERSTAND THAT THERE IS A RISK OF INJURY TO MY CHILD AS A RESULT OF CAMP ACTIVITIES, AND KNOWINGLY AND VOLUNTARILY ASSUME ALL RISK OF SUCH INJURY. I will be financially responsible for any medical attention needed during camp.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

I understand Hampton Tennis Camps retains the right to use for publicity and advertising purposes, photographs of campers taken at camp.

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

**\*\*Note\*\*** All medication will be checked and kept by the trainer. All prescription medications must be in their original case/box with the legible prescription label; including inhalers. The prescriber's authorization form must accompany all medication and requires the physician's signature.

\_\_\_\_\_  
Signature of Parent/Guardian of Minor Date

**FOR OFFICIAL USE ONLY**

**PROOF OF AGE:**  Yes  No

**Type of proof:**  ID Card  Birth Certificate  Other: \_\_\_\_\_ **Staff Initials:** \_\_\_\_\_

**PAID CAMP FEE:** [ ] Yes [ ] No

**Type of payment:** [ ] Cash [ ] Check **Staff Initials:** \_\_\_\_\_