

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: June 16-20 Week 2: June 30-July 4 Week 3: July 14-18 Week 4: July 21-25

Week 5: Aug 4-8 Week 6: Aug 11-15 Week 7: Aug 18-22

COST

Cost: \$100 per week.

PARENT/GUARDIAN INFORMATION

Last Name _____ First Name _____ E-mail _____

Phone number _____ Work number _____ Cell number _____

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

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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:** _____