

SUMMER TENNIS CAMP 2020

REGISTRATION FORM

Player's Name (1)

Age and Date of Birth

Tennis Experience?

Player's Name (2)

Age and Date of Birth

Tennis Experience?

Parent(s) or Guardian Name

E-Mail Address

Cell Phone

Other Phone

EMERGENCY CONTACT:

Name: _____

Cell Phone: _____

DATES: CAMP, CLINIC REGISTERING FOR:

Player One: _____

Player Two: _____

_____ Member _____ Non-Member
(Racquets available for purchase at the club)

Amount Due: \$ _____

Check/Credit Card: _____

Bill Member Account (acct number): _____
Medical Information

Please list any physical conditions of your player that instructors should be aware of (allergies, asthma, etc.)

Waiver and Photo Release

I, the undersigned, agree for the player(s) named on this registration form to participate in activities associated with Holly Tree tennis activities. I am aware that this activity may be physically strenuous and I state that this player is in the proper physical condition to participate. I hereby voluntarily release Holly Tree Racquet & Swim Club, it's owners and the tennis coaching staff from any and all liability for injuries or problems of any nature that may arise as a result of my child's participation in this activity.

In the case of accident or sickness, I consent to emergency medical care by ambulance or hospital personnel.

I give permission for photos taken of my player while participating in Holly Tree activities to be used for program and Quarter Court promotional purposes.

Parent/Guardian Signature Date