

# TENNIS CAMP 2017 REGISTRATION FORM



## FUNDAMENTALS CAMP

Please fill out one form per child.

Name of Camper: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Parent: \_\_\_\_\_ Parent's Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Camper Shirt Size (circle one)\*: Youth: small, medium or large. Or Adult: small, medium, large or extra large

Level of experience: \_\_\_\_\_

Check	Session	Dates	Price*
	1	June 26 – June 29	\$180
	2	July 3 – July 6 (3 day week. No camp July 4th)	\$135
	3	July 10 – July 13	\$180
	4	July 17 – July 20	\$180
	5	July 24 – July 27	\$180
	6	August 7 – August 10	\$180
	7	August 14 – August 17	\$180
	8	August 21 – August 24	\$180

**\*DISCOUNTS:** (choose up to **one**)

- Multiple Week Discount - attend two or more weeks and receive 10% off total price.
- Family Discount - Two or more siblings attend and receive 10% off total price.

Discounts do not apply to camp weeks previously purchased.

Please fill out the back of this form —>

Desk Staff only: Date: \_\_\_\_\_ Initials: \_\_\_\_\_ Discount applied: \$ \_\_\_\_\_ Enrolled: \_\_\_\_\_

# TENNIS CAMP 2017 RELEASE FORM



3738 Northwood Avenue, Easton, PA 18045

www.NorthwoodRFC.com | 610.258.2907

Name of Camper: \_\_\_\_\_

Age: \_\_\_\_\_

**GENERAL:** In registering my child as a participant in the 2017 Northwood Summer Tennis Camp, I understand my child assumes any and all risks which might be associated with its activities and waive and release all rights and claims for damages which my child, heirs, executors, administrators, assigns, or I may have against Northwood Racquet & Fitness Club its director, coaches, or representatives, for any and all injuries or damages of any kind suffered as a result of participation in 2017 Northwood Summer Tennis Camp.

**PHOTOGRAPHY:** Northwood occasionally takes photographs for instruction and marketing purposes. I authorize Northwood to take, use, publish, and reproduce photographs, moving pictures, of my child for its teaching, documentation, or public relations.

Photographs are OK Initial \_\_\_\_\_

No, thanks, I do NOT want any photos taken Initial \_\_\_\_\_

**MEDICAL:** I, the undersigned, as Parent/Guardian of camper: \_\_\_\_\_, give my consent for emergency first--aid/medical/surgical treatment of my child in the unlikely event that medical attention may be necessary.

Does your child suffer from any allergies (food, insect stings, etc.) that could be problematic while he/she is at camp? (Y / N ). If yes, please describe allergen, typical reaction, and treatment:

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

Physician's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_

Policy No. \_\_\_\_\_

Additional Emergency Contact Name and Phone: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_