



# Hampton Tennis Center Tennis Camp Registration Form

## PARTICIPANT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

## CAMP DATES (check all that apply)

- WEEK 1: June 21 - 25
- WEEK 5: July 19 - 23
- WEEK 2: June 28 - July 2
- WEEK 6: July 26 - 30
- WEEK 3: July 5 - 9
- WEEK 7: August 16 - 20
- WEEK 4: July 12 - 16
- WEEK 8: August 23 - 27

## PARENT / GUARDIAN INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

E-mail \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

## COST

AGES	DATES & TIMES	Cost
8 Years Old & Under	Monday – Thursday, 8:00 – 8:45am	\$85
9 Years Old +	Monday – Thursday, 9:00 – 12:00am	\$125

*Rain days will be made up on Fridays.*

## 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 / Guardian 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.*

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

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## FOR OFFICIAL USE ONLY

Proof of Age:  Yes  No

Type of Proof:  ID Card  Birth Certificate  Other: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

Camp Fee Paid: Yes \_\_\_\_ No \_\_\_\_

Type of payment: Cash \_\_\_\_ Check \_\_\_\_

Staff Initials: \_\_\_\_\_