



TENNIS SUMMER CAMP 2009

REGISTRATION FORM

***Early Birds Registration by May 15th, receive 5% off first week!**

Campers First and Last Name _____

Date of Birth (mm/dd/yy) ___/___/___ Age_____ Sex: F or M

Street Address: _____ City:_____ Zip: _____

Home Phone () _____ Cell Phone () _____

Email: _____

School _____ Grade _____

Please Circle Your Choice

Weeks Attending	Camp
1) June 8-12	GRAND SLAM CAMP This camp is challenging and intense. We have developed a complete program to ensure that your child receives the latest technical, tactical, psychological and physiological components of the game of tennis. Ages 13-14/15-17 Intermediate/Advanced 4-6 p.m.
2) June 22-26	
3) July 6-10	
4) July 20-24	

* A minimum of 5 players is required to hold the camp

Weeks Attending	Camp
1) June 8-12	GAME POINT CAMP This camp is a great place for young athletes looking to improve their skills, to make new friends, and to have fun. Ages 5-7/8-10 Beginner/Intermediate 9 a.m.-1 p.m.
2) June 22-26	
3) July 6-10	
4) July 20-24	

*Before-care and After-care Available

Weeks Attending	Camp
1) June 8-12 2) June 22-26 3) July 6-10 4) July 20-24	MATCH POINT CAMP We base our program on development of strategy, technique, drills, supervised match play, conditioning, and games. Ages 11-13/14-16 Beginner/Intermediate 9 a.m.-1 p.m.

Contact Information

<p>Mother's Information</p> Name _____ Address _____ Home # () _____ Place of Employment _____ Work # () _____ Cell phone () _____ E-mail _____	<p>Father's Information</p> Name _____ Address _____ Home # () _____ Place of Employment _____ Work # () _____ Cell phone () _____ E-mail _____
<p>Emergency Contact (Other than Parents)</p> Name _____ Address _____ Home # () _____ Place of Employment _____ Work # () _____ Cell phone () _____ E-mail _____	<p>Emergency Contact (Other than Parents)</p> Name _____ Address _____ Home # () _____ Place of Employment _____ Work # () _____ Cell phone () _____ E-mail _____

Pick-Up

Please list authorized persons to pick up your child from UTC's Camp.

If someone is not on this form they can not pick up your child.

- 1) _____ 2) _____
3) _____ 4) _____

Please list anyone NOT ALLOWED to pick-up your child from UTC Camp:

- 1) _____ 2) _____

Medical Information

Doctor's Name _____ Doctor's Phone # _____

Medical Insurance Carrier _____

Medical History: Please check all that apply

Medication Asthma Kidney Injuries Heart Condition/Disease Epilepsy
 Hearing Problems

Muscle, Tendon or Ligaments Broken Glasses/Contacts Allergies _____

Describe Child's physical limitations or special needs:

I, the undersigned parent or legal guardian of the child listed above, understand that in a case of extreme emergency, the paramedics will transport my child to the nearest available medical facility. In all cases, a decision of that nature will be left to the discretion of the paramedics. In cases where the paramedics have an option of which medical facility to bring my child, please bring my child to _____ **Medical Facility.**

Consent and Release

Medical

I give permission for any necessary emergency and medical treatment including stitches, setting of bones, injections and anesthesia that may be required due to the injury during Summer Camp. This does not in any way hold the camp financially responsible or otherwise liable for any medical or emergency care given. I further understand that I am fully responsible for all medical charges incurred.

Fees

I understand that any weeks denoted are a commitment on my part and that payment is required on the Wednesday before each week.

***ALL FEES AND PAYMENTS ARE NON-REFUNDABLE ***

Photography / Video Permission

I permit the free use of our name and family member names and pictures listed on this application in broadcast, telecast, newspapers, brochures and any other form of communication to which such use may be applied.

Activities

I permit our child to participate in all activities. I, the undersigned parent or legal guardian of this child, certify that I am aware that my child will be involved in physical activities such as: swimming, tennis, soccer, basketball, etc. and that I am aware of all the inherent risks associated with these activities. I, the parent or legal guardian, give full consent for my child to participate in the activities involved in camp.

Signature of Parent/Guardian: _____ Date _____

Please Review the Following Rules

- All deposits and fees are non-refundable.
- Preregistration is required. Limited spaces available.
- Players will not be allowed to attend camp the following week until balance is paid.
- I have been given and understand Camp Info Package.
- Tennis Staff is not responsible for lost or stolen items.
- Parents must label all belongings.
- No personal items such as toys, electronics, trading cards, cell phones and skate shoes are allowed at camp.

- Tennis Staff is not responsible for any charge to student's membership account that campers may do during camp time at the Café.

How did you hear about our camp? Club Friend Internet Other _____

Fees

Grand Slam Camp: \$90 per week

Game Point Camp: \$120 per week

Match Point Camp: \$120 per week

Optional: Weekly Lunch: \$ 25 per week

* Parents have the option of sending a lunch bag

Please Circle Your Choice

Payment Voucher		Subtotal
Grand Slam Camp \$ 90 per week	Number of Weeks 1 2 3 4	
Game Point Camp \$ 120 per week	Number of Weeks 1 2 3 4	
Match Point Camp \$ 120 per week	Number of Weeks 1 2 3 4	
Daily Camp	Number of Days	
Deposit \$ 15 per week		
Optional: Lunch Package	Number of Weeks 1 2 3 4	
Early Bird Registration Discount by 05/15/09 5% off first week of camp		
<i>*Checks payable to WOM</i>	Total Amount Paid \$	

Referral Program

Bring friends and after they register for a week at UTC camp, you get one extra day for **free!**

Please send Registration Form to University Tennis Center
6500 Press Dr., LA 70112. Got questions? 850.291.4469