

COPLEY TENNIS CAMP REGISTRATION FORM SATURDAY JUNE 8TH 2019

Please fill out 1 per child

Name of Player: _____ D.O.B _____

Name of Parent: _____

Parents Email: _____

Home Address: _____

Cell phone: _____ Hm phone: _____

Camper shirt size (circle one): Youth small, medium, large or Adult small, medium, large, XL

Grade _____

Pricing & Camp Date: JUNE 8TH

(make checks out to Copley-Fairlawn City school district/tennis camp)

Elementary: 8:30am-12pm \$50 per person (includes t-shirt & snack)

Middle school: 12:30pm-4pm \$50 per person (includes t-shirt & snack)

Your child will work on all of the varieties of shots, strategies, sportsmanship of the game & mental control all while having fun with a variety of tennis games. Camp is open to children ages 5-15 and of all abilities. Each participant should please bring a racquet, water bottle, towel, hat, proper shoes, and sunscreen. We will meet by the Copley High School tennis courts. Space is available on a first-come, first-serve basis we are only permitting 20 players per session so register early, spaces will be reserved only on receipt of an application form. If you should have any questions or concerns please don't hesitate to contact Coach Shepehrd Head of the Girls Tennis team at suzzetteshepherd@gmail.com or 702-301-0950.

****ALL registration forms, release forms & payment must be turned into Copley High School front desk by the last day of school so all t-shirts can be ordered in a timely manner.****

Rain Policy – Coach Shepherd will text or email after 8 am if the weather looks doubtful. If there is a rainout, a makeup day will be the following Saturday.

Parent Signature: _____ Date: _____

COPLEY TENNIS CAMP 2019 RELEASE FORM

Name of Player: _____ Age: _____

GENERAL: In registering my child as a participant in the 2019 Copley 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, executor, administrators, assigns, or I may have against Copley High School it's director, coaches, or representatives, for any and all injuries or damages of any kind suffered as a result of participation of 2019 Copley Summer Tennis Camp.

PHOTOGRAPHY: Copley High School occasionally takes photographs for announcements/local newspaper etc. I authorize Copley High School take, use, publish, and video 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 player/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 tennis camp? **(Y/N)**. If yes, please describe allergens, typical reaction, and treatment:

Physician's Name: _____

Physician's Phone: _____

Insurance Provider: _____ Policy No: _____

Emergency contact: _____

Signature of Parent/Guardian: _____ Date _____