

## ULTIMATE TENNIS & SWIM CAMP (UTSC) & JUNIOR TRAINING CAMP (JTC) REGISTRATION FORM 2012

Fill out the form below and make a check payable to "Marcus Lewis", then mail the page and the medical forms to: MLTC, P.O. Box 2235 Acton, MA 01720. For all further questions, call Danielle at 978-929-9996 or email [danielle@marcuslewistenniscenter.com](mailto:danielle@marcuslewistenniscenter.com).

1. Player' s name: \_\_\_\_\_ 2. Player' s Date of Birth: \_\_\_\_\_

3. Parent/Guardian: \_\_\_\_\_

4. Address: \_\_\_\_\_

5. Home phone: \_\_\_\_\_ 5. Work/cell phone: \_\_\_\_\_

6. E-mail address: \_\_\_\_\_ 7. Has this player played tennis before? \_\_\_\_\_

7. If so, for how long? \_\_\_\_\_ 9. Has this player had lessons before? \_\_\_\_\_

8. If so, for how long? \_\_\_\_\_

Camp Options: **UTSC** / 10:00-2:30pm / \$299 (w/o swim 10-1 \$265)      **JTC** / (10:00-1:00pm) / \$265  
                   **UTSC** / (2:30-5:00pm) / \$199                                      **JTC** / (2:00-5:00pm) / \$265  
                   **UTSC** / (10:00-5:00pm) / \$399                                      **JTC** / (10:00-5:00pm) / \$399  
                   **Extended Day** 8:30-10 - \$60/wk, 5:00-6:00 - \$50wk, 8:30-10 & 5:00-6:00 - \$99/wk

| <u>Check your date(s)</u>                          | <u>Circle program</u>   | <u>Circle your time</u>   | <u>Extended Day?</u>                    | <u>Record your fee</u> |
|--|---|---|---|------------------------|
| Ex. <input checked="" type="checkbox"/> June 18-22 | <input type="checkbox"/> UTSC / <input checked="" type="checkbox"/> JTC | <input type="checkbox"/> AM / <input checked="" type="checkbox"/> PM / BOTH | AM / PM / BOTH                          | Fee <u>\$299</u>       |
| Ex. <input checked="" type="checkbox"/> June 25-29 | <input type="checkbox"/> UTSC / <input checked="" type="checkbox"/> JTC | AM / PM / <input type="checkbox"/> BOTH                                     | AM / PM / <input type="checkbox"/> BOTH | Fee <u>\$498</u>       |

- |   |            |                |                |           |
|---|------------|----------------|----------------|-----------|
| <input type="checkbox"/> June 18-22     | UTSC / JTC | AM / PM / BOTH | AM / PM / BOTH | Fee _____ |
| <input type="checkbox"/> June 25-29     | UTSC / JTC | AM / PM / BOTH | AM / PM / BOTH | Fee _____ |
| <input type="checkbox"/> July 2-6       | UTSC / JTC | AM / PM / BOTH | AM / PM / BOTH | Fee _____ |
| <input type="checkbox"/> July 9-13      | UTSC / JTC | AM / PM / BOTH | AM / PM / BOTH | Fee _____ |
| <input type="checkbox"/> July 16-20     | UTSC / JTC | AM / PM / BOTH | AM / PM / BOTH | Fee _____ |
| <input type="checkbox"/> July 23-27     | UTSC / JTC | AM / PM / BOTH | AM / PM / BOTH | Fee _____ |
| <input type="checkbox"/> July 30-Aug. 3 | UTSC / JTC | AM / PM / BOTH | AM / PM / BOTH | Fee _____ |
| <input type="checkbox"/> August 6-10    | UTSC / JTC | AM / PM / BOTH | AM / PM / BOTH | Fee _____ |
| <input type="checkbox"/> August 13-17   | UTSC / JTC | AM / PM / BOTH | AM / PM / BOTH | Fee _____ |
| <input type="checkbox"/> August 20-24   | UTSC / JTC | AM / PM / BOTH | AM / PM / BOTH | Fee _____ |

**TOTAL AMOUNT FOR ALL WEEKS \$ \_\_\_\_\_**

9. Payment method:       Check       Credit Card      Card Type  Visa       Mastercard

Card Number \_\_\_\_\_ Exp. \_\_\_\_\_

Three-digit code on back of card \_\_\_\_\_

\*\*\*Please make certain of the week you sign up for, as there is a 50% fee if your child has to withdraw!\*\*\*

10. Are there any medical conditions we should be aware of?    **Yes**    **No**    If yes, please describe:

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

11. Are there any medications your child needs to take while at camp?    **Yes**    **No**    If yes, please list them:

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

**CHILD'S IDENTIFYING INFORMATION**

(required by the Office of Children Regulations)

Eye color: \_\_\_\_\_ Hair color: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_

Weight: \_\_\_\_\_ Identifying marks: \_\_\_\_\_

**AUTHORIZATION AND CONSENT**

I understand that every effort will be made to connect me in the event of an emergency requiring medical attention for my child

\_\_\_\_\_ (child's name) However, if I cannot be reached I hereby authorize the Marcus Lewis Tennis Center to transport my child to Emerson Hospital and to secure for my child the necessary medical treatment. I understand there is always a staff member on duty who is trained in the basics of First Aid and I authorize him/her to give my child first aid.

In case of emergency, give names of persons who can be called and are authorized to pick-up your child if we cannot reach a parent:

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

This release is provided to allow my child to participate at The Marcus Lewis Tennis Center (MLTC). My signature is a condition of your permitting my child to participate. I agree that you may photograph and record my child during his/her participation at the MLTC and that the MLTC shall be the exclusive owner of all such copyright material. In addition, I certify that my child is in good, physical condition and may participate in all activities associated with the MLTC. I hereby release and absolve the MLTC from any and all liability, and will not hold the MLTC responsible for any personal injury, property damage and/or any other loss suffered by my child in connection with his/her participation in MLTC programs.

**ENROLLMENT AGREEMENT: My signature indicates that I have read, understand and agree to the policies and information stated in this Enrollment Form:**

**Name:** \_\_\_\_\_

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