

## ULTIMATE & JUNIOR TENNIS CAMP REGISTRATION FORM 2008

Simply fill out the form below and make a check payable to "Marcus Lewis", then mail the page and the medical forms to: The MLTC, P.O. Box 2235 Acton, MA 01720 For all further questions, call Sarah at 978-929-9996.

1. I am registering for:  **Ultimate Tennis Camp** (10:00-1:00pm)  **Junior Training Camp** (2:30-5:00pm)

2. **Player' s name:** \_\_\_\_\_ 3. **Player' s age:** \_\_\_\_\_

4. **Parent/Guardian:** \_\_\_\_\_

5. **Address:** \_\_\_\_\_

6. **Home phone:** \_\_\_\_\_ 7. **Work phone:** \_\_\_\_\_

8. **E-mail address:** \_\_\_\_\_ 9. **Has this player played tennis before?** \_\_\_\_\_

10. **If so, for how long?** \_\_\_\_\_ 11. **Has this player had lessons before?** \_\_\_\_\_

12. **If so, for how long?** \_\_\_\_\_

13. Check the date(s) for the week(s) registering.

**June 23-27**

**June 30-July 4 \***

**July 7-11**

**July 14-18**

**July 21-25**

**July 28-Aug 1**

**Aug. 4-8**

**Aug. 11-15**

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

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

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The cost for UTC is: **\$235/week** \*(\$188 for the week of July 4<sup>th</sup>) JTC is: **\$259/week** (\$207 for the week of July 4<sup>th</sup>)

16. **Sub Total:** **\$25 reg. fee** + \_\_\_\_\_ = **Amount Due:** \_\_\_\_\_

(This is an annual non-refundable family fee of \$25)

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

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

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

# CHILD'S FACE SHEET/ENROLLMENT FORM 2008

Child's Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth \_\_\_\_\_ (city/town)

Home address: \_\_\_\_\_ Telephone: \_\_\_\_\_

## CHILD'S IDENTIFYING INFORMATION

(required by the Office of Children Regulations)

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

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

## PARENT/GUARDIAN INFORMATION

Parent/guardian name \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Home address: \_\_\_\_\_

Home telephone: \_\_\_\_\_

Bus. Telephone: \_\_\_\_\_

# 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 in The Marcus Lewis Tennis Center/Ultimate Tennis Camp program (UTC). 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 UTC, and that UTC 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 UTC. I hereby release and absolve UTC from any and all liability, and will not hold UTC responsible for any personal injury, property damage and/or any other loss suffered by my child in connection with his/her participation in the UTC program.

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

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

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