

Tennis FUNDamentals
Co-Ed Camp
 Sponsored by Wickliffe Recreation Department
JUNE 19 – JUNE 22, 2017



Session I: Grades K-3 – 10:00 am – 11:00 am – Residents \$30/Non-Resident \$35

Session II: Grades 4 & up – 11:00 am to 12:30 pm – Resident \$35/Non-Resident \$40

Cost includes t-shirt. Campers should bring water or sports drink. Campers should bring a racquet if they have one, if not, one will be supplied. Campers should come ready for a fun-filled week of tennis.

Beginner campers will learn: basic techniques of tennis, ground strokes, footwork, and etiquette. Advanced campers will sharpen skills in the area of: footwork and strategy, etiquette, scoring, ground strokes/spins and serves.

Camp is hosted by Danette Cullinane, WMS Tennis Coach

Camp held at Coulby Tennis Courts.

PLAYER CONTRACT, PLEASE FILL OUT IN CHILD'S NAME.

NAME _____ BIRTHDATE _____ GRADE ENTERING '17-'18 _____

ADDRESS _____ CITY/STATE/ZIP _____ AGE _____

PHONE _____ ABLE TO RECEIVE TEXT (CIRCLE) YES OR NO

EMAIL _____

CIRCLE SHIRT SIZE: SM-YOUTH M-YOUTH L-YOUTH SM-ADULT M-ADULT L-ADULT XL-ADULT

In case of injury, while participating in the "Tennis FUNDamentals" Camp, we the parents of the above name child, will not hold the coaches, instructors, school personnel, the Wickliffe School Board of Education or the City of Wickliffe responsible for any injury incurred at the above function.

SIGNED BY: _____

(Parent or Legal Guardian Signature)

PLEASE PRINT PARENT'S NAMES:

MOTHER: _____ FATHER: _____

In the event reasonable attempts to contact me or my spouse have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by:

Physician Dr. _____ Phone _____

Preferred Dentist Dr. _____ Phone _____

or if neither is available, by another licensed physician or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists, concurring in the necessity of such surgery are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken and physical impairments to which a physician should be alerted: _____

Signature of parent _____ Date _____

REFUSAL TO CONSENT: (DO NOT COMPLETE IF TO GRANT CONSENT ABOVE IS COMPLETED)

I do not give my consent for emergency medical treatment for my child. In the event of illness or injury requiring emergency treatment, I wish the "Tennis FUNDamentals" Camp authorities to take no action.

Signature of parent _____ Date _____

Circle Fee Enclosed Session I -Residents \$30 Non-Resident \$35
 Session II- Resident \$35 Non-Resident \$40

Make checks payable to City of Wickliffe

Mail to:
 Wickliffe Recreation Dept.
 28730 Ridge Rd.
 Wickliffe, Ohio 44092