

## BASKIN-GINEPRI SUMMER TENNIS CAMP

### CHILD'S INFORMATION

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

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Gender: \_\_\_\_M \_\_\_\_F

Tennis Background: \_\_\_\_ALTA- Level\_\_\_\_ \_\_\_\_USTA-Level\_\_\_\_ Ranking (if applicable)\_\_\_\_\_

Camps/Academies: \_\_\_\_\_

Chronic Illness/Allergies: \_\_\_\_\_

Medication/Other Health Information: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

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

Home Phone# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work Phone# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Additional Information: \_\_\_\_\_

### SUMMER CAMP INFORMATION

Group Level: \_\_\_\_Pee Wees\_\_\_\_ \_\_\_\_Beginner\_\_\_\_ \_\_\_\_Intermediate\_\_\_\_ \_\_\_\_Advanced\_\_\_\_  
\_\_\_\_State Ranking\_\_\_\_ \_\_\_\_Sectional Ranking\_\_\_\_ \_\_\_\_National Ranking\_\_\_\_

Non-Member: \$250 \_\_\_\_ Member: \$225 \_\_\_\_ Academy Member: \$180 \_\_\_\_  
10% Sibling & Multiple Week Discount (Not Applicable to Academy Participants)

Camp Weeks: \_\_\_\_\_

OTAC # \_\_\_\_\_ Check # \_\_\_\_\_ Credit Card # \_\_\_\_\_

### APPROVAL TO PARTICIPATE

The undersigned acknowledges that the use of Olde Towne Athletic Club's (OTAC) facilities and any privilege or service is undertaken with knowledge of the risk of possible injury. The undersigned hereby accepts any and all risks of injury to himself/herself, and his/her family and guests while using OTAC's facilities or involved in any event or activity incident to OTAC, except those arising or resulting from OTAC's gross negligence or willful misconduct. In accepting the risk of injury, the undersigned understands that he/she is relieving OTAC and those employed by or affiliated with OTAC, from any and all loss, cost, claims, injury, damage or liability sustained or incurred by the undersigned, and his/her family and guests resulting from or arising out of any conduct or event connected with the use of any OTAC's facilities, except those arising or resulting from OTAC's gross negligence or willful misconduct.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_