

2025 Registration Form

Tennis Adventure Camp & Teen Tennis Camp

Please fill out this form completely and **bring** it with your child to the first day of camp. Please make checks payable to **Judy Newman** or you may use **PayPal: mom10spro@comcast.net** or **Venmo: @judynewman**. Payment should be made on or before the first day of camp. Remember to have your Tennis Adventure camper bring a lunch. Racquets & refreshments provided.

Family Name: _____

	Sibling 1	Sibling 2	Sibling 3
Player's Name and Birth Date			
Choose your Weeks: Kids: July 14-18. Teens: June 16-20, July 7-11 and July 28-August1.			
Cost:\$400/week,kids Or \$350,Teen Camp 10% discount for siblings and/or multiple weeks			Family total:
Parent's Name(s):			
Address:			
2 Contact Phone Numbers:			
e-mail address:			
Doctor and Phone #:			
Any medical conditions we should know about?			
Any special requests?			
Emergency Contact #:			

I _____, the parent/guardian of _____, give my permission for my child/ren to participate in this program. In case of an emergency due to serious illness and/or accident when we cannot be contacted, Judy Newman & her staff have my permission to use their best judgment in the interest of my child's health and well- being. I agree that Judy Newman, her staff and the property owners of 1692 Glen Canyon Rd. are not liable for personal injury, property loss, economic loss or other damage from any cause as more specifically outlined in the Release and Waiver of Liability and Indemnity Agreements for the camp and private court.

Signature of Parent/Guardian _____ **Date**_____