2024 Registration Form Tennis Adventure Camp & 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: June 10-14, June 24-28 and July 15-19. Teens: June 17-21, July 8-12 and July 22-26.			
Cost:\$400/week,kids Or \$325,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 #:			
	the parent/guardian of		, give my
dermission for my child/rer llness and/or accident whe dermission to use their best	n to participate in this pro n we cannot be contacted judgment in the interest ff and the property owner	ogram. In case of an early Judy Newman & he of my child's health as of 1692 Glen Canyo	emergency due to serious or staff have my and well-being. I agree on Rd. are not liable for
ersonal injury, property lo utlined in the Release and rivate court.	Waiver of Liability and l	Indemnity Agreement	es for the camp and