2017 Summer Tennis Camp

At VETERANS PARK TENNIS CENTER

55 Homestead Road South, Lehigh Acres, FL 33936

Registration Form

*****DEADLINE TO REGISTER IS Friday before Camp start date of each week. *****

FIRST NAME ________________________ LAST NAME __________________________ HOME PHONE_____________________

ADDRESS __________________________ CITY ________________ ZIP __________ CELL PHONE______________________

1st EMAIL |__ |__ |__ |__ |__ |__ |__ |__ |__ |__ |__ |__ |__ |__ |__ |__ |___|___|___|__ |__ |__ |___|___|___|__ |__ |__

2nd EMAIL |__ |__ |__ |__ |__ |__ |__ |__ |__ |__ |__ |__ |__ |__ |__ |__ |___|___|___|__ |__ |__ |___|___|___|__ |__ |__

(Updates will be sent by email. Set your spam blockers to receive messages from SWF-TennisGroup@comcast.net)

DATE OF BIRTH_____ |___ |_____ AGE_____ RACE Asian, Black, Hispanic, White, Other, (Race information for grant writing purpose only.)
MM DD YYYY **Circle One**

GENDER: ☐ Male ☐ Female ALTERNATIVE CONTACT NAME & PHONE # ___________________________________

For more information contact Andrea Nelson or Chuck Nelson, at 239-603-4702 or email at SWF-TennisGroup@comcast.net

Please make Checks payable to: SWF Tennis Group
Mail this page with your payment to arrive no later than the Friday before the selected session begins.
2240 Hampstead Court, Lehigh Acres, FL 33973.

Please place an ☒ in the days selected. (A Minimum of 2 Days is Required for Each Week Selected)

Half Day Program 8:30 a.m. to 11:30 a.m. Veterans Park Courts	**Dates**	**Mon**	**Tue**	**WED** July 4th week only	**Thu**	**Fri**	****Calculate fee per week @ $20.00 a day or $75.00 a week**
Week 1	6/05-6/09	☐	☐	■	☐	☐	
Week 2	6/12-6/16	☐	☐	■	☐	☐	
Week 3	6/19-6/23	☐	☐	■	☐	☐	
Week 4	6/26-6/30	☐	☐	■	☐	☐	
Week 5 Mon, Wed, Thu, & Fri	7/03-7/07	☐	■	☐	☐	☐	
Week 6	7/10-7/14	☐	☐	■	☐	☐	
Week 7	7/17-7/21	☐	☐	■	☐	☐	
Week 8	7/24-7/28	☐	☐	■	☐	☐	
	Total payment enclosed for the number of days registered.						$

**Scheduled makeup days for days canceled due to inclement weather: Wednesdays.

PARENT/GUARDIAN SIGNATURE ____ DATE: _______________

*Waiver

I know that playing tennis is a potentially hazardous activity. I know that I should not join or play in this league unless I am medically fit and able to participate and am properly trained. I assume all risks associated with playing including, but not limited to, falls, contact with other players, and effects of weather, including high heat and/or humidity, and conditions of the court, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of the acceptance of this entry, I, for myself, and anyone entitled to act on my behalf, waive and release Southwest Florida Tennis Group, the Corporation, sponsoring my team, their directors, officers, members, volunteers acting on their behalf, other players, all sponsors, their representatives, and successors from all claims and liabilities of any kind arising from or out of my participation in this PROGRAM, even though such liability may arise out of negligence or carelessness on the part of the persons or entities names in this waiver.

I hereby consent to the rendering of emergency first aid and other medical procedures, which, at the time of injury or illness, seems reasonably advisable. I further understand that I will be responsible for payment of any such medical procedures. I grant permission to all of the foregoing persons and entities listed herein to use any photographs, motion pictures, video recordings, or any other recordings of league activities for any legitimate purpose.