



Orange Tennis Club Summer Camp Registration

Name _____ Date _____

Street _____ Age _____

City _____ State _____ Zip _____ Phone _____

School _____ E-mail _____

Dates: 6/11 ___ 6/18 ___ 6/25 ___ 7/9 ___ 7/16 ___ 7/23 ___ 8/6 ___ 8/13 ___

In Case of Emergency Please Call:

Name: _____

Phone: _____ Cell: _____

Special Considerations (*Medications, allergies, etc*): _____

Equipment: Does your child need a racquet? ___yes ___no

You can purchase tennis clothing and equipment locally at The Tennis Spot located at 131 Boone Square St, Hillsborough, NC. Check them out at www.NCTennisSpot.com

Tennis experience: _____

Your Goals _____

Member of Orange Tennis Club _____ Non-Member _____

How did you find out about camp?

- | | | |
|----------------------------------|--|-------------------------------------|
| <input type="checkbox"/> letter | <input type="checkbox"/> phone call | <input type="checkbox"/> flyers |
| <input type="checkbox"/> friends | <input type="checkbox"/> advertisement | <input type="checkbox"/> club info. |

What is your main objective for doing the camp

- | | | |
|--|--|-----------------------------------|
| <input type="checkbox"/> fun | <input type="checkbox"/> improve tennis skills | <input type="checkbox"/> exercise |
| <input type="checkbox"/> meet new people | <input type="checkbox"/> something to do | <input type="checkbox"/> other |

List friends that might be interested in our next camp

1. _____ Phone/Email _____

2. _____ Phone/Email _____

Referred by _____

CERTIFICATION OF PHYSICAL FITNESS/MEDICAL CONSENT

I am allowing myself and/or child to participate in the OTC Summer Camp Program. I fully understand the level of activity involved with this program and certify that my child is physically fit and that there are no medical reasons why s/he should not participate in this program. I, the undersigned parent or guardian, understand that an emergency situation may arise where the delay of medical or surgical procedures could endanger the well-being of my child. I do hereby grant permission to the staff to render judgment in my absence concerning medical assistance or hospital care in the event of an accident or illness.

WAIVER EXLUSION CLAUSE

I, the undersigned parent or guardian, in enrolling my child in the OTC Summer Camp Program, understand that he/she is participating, and using the facilities at his/her own risk. OTC and its board, employees and agents shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by the participant and his/her family in or about any programs on or off the premises. The camper and his/her parents assume full responsibility for all injuries and damages which may occur in or about any premises associated with the Camp and I do hereby fully and forever, release discharge and hold harmless OTC, all associated facilities, and its owners, employees, and agents from any and all claims, demands, damages, rights of action, present or future resulting from or arising out of any person's participation in any programs or use of its facilities.

I HAVE READ ALL INFORMATION ON THIS REGISTRATION FORM AND ACKNOWLEDGE, ON BEHALF OF MY CHILD AND MYSELF, THAT ALL INFORMATION IS CORRECT AND THAT MY CHILD OR MYSELF IS PHYSICALLY AND EMOTIONALLY CAPABLE OF POSITIVELY PARTICIPATING IN SPECIFIC CAMP ACTIVITIES. BY SIGNING BELOW, I ALSO GRANT CONSENT TO ALL PERMISSIONS AND AGREE TO ALL WAIVERS ON THIS REGISTRATION FORM AS NOTED.

Print name of child or adult: _____

Signature of parent: _____ Date _____

Orange Tennis Shop has graciously agreed to receive applications so please mail to:

Orange Tennis Club

131 Boone Square St

Hillsborough, NC 27278

or:

Drop off at The Tennis Spot at the above address.