

Tennis FUNdamentals Co-Ed Camp

Sponsored by Wickliffe Recreation Department

JUNE 21 – JUNE 24, 2021



Session I: Grades K-3 – 10:00 am – 11:00 am – Residents \$30/Non-Resident \$35

Session II: Grades 4 & up – 11:00 am to 12:30 pm – Resident \$35/Non-Resident \$40

Cost includes t-shirt. Campers should bring water or sports drink. Campers should bring a racquet if they have one, if not, one will be supplied. Campers should come ready for a fun-filled week of tennis.

Beginner campers will learn: basic techniques of tennis, ground strokes, footwork, and etiquette. Advanced campers will sharpen skills in the area of: footwork and strategy, etiquette, scoring, ground strokes/spins and serves.

Camp is hosted by Danette Cullinane

Camp held at Coulby Tennis Courts.

PLAYER CONTRACT, PLEASE FILL OUT IN CHILD'S NAME.

NAME _____ BIRTHDATE _____ GRADE ENTERING '21 - '22 _____

ADDRESS _____ CITY/STATE/ZIP _____ AGE _____

PHONE _____ ABLE TO RECEIVE TEXT: YES NO

EMAIL _____

	SM-YOUTH	M-YOUTH	L-YOUTH	SM-ADULT	M-ADULT
SHIRT SIZE:			L-ADULT		XL-ADULT

We, the parents of the above name child assume the risk of COVID-19 in relation to public gatherings and agree to follow the most current CDC, state and local guidelines pertaining to social gathering and accept the associated health risks. In case of injury, while participating in "Tennis FUNdamentals", we the parents will not hold the coaches, instructors, school personnel, the Wickliffe School Board of Education or the City of Wickliffe responsible for any injury incurred at the above function.

SIGNED BY: _____
(Parent or Legal Guardian Signature)

PLEASE PRINT PARENT'S NAMES:

MOTHER: _____ FATHER: _____

In the event reasonable attempts to contact me or my spouse have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by:

Physician Dr. _____ Phone _____

Preferred Dentist Dr. _____ Phone _____

or if neither is available, by another licensed physician or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists, concurring in the necessity of such surgery are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken and physical impairments to which a physician should be alerted: _____

Signature of parent _____ Date _____

REFUSAL TO CONSENT: (DO NOT COMPLETE IF TO GRANT CONSENT ABOVE IS COMPLETED)

I do not give my consent for emergency medical treatment for my child. In the event of illness or injury requiring emergency treatment, I wish the "Tennis FUNdamentals" Camp authorities to take no action.

Signature of parent _____ Date _____

Session I - Resident \$30 Non-Resident \$35

Session II Resident \$35 Non-Resident \$40

Mail to:
Wickliffe Recreation Dept.
28730 Ridge Rd.
Wickliffe, Ohio 44092

Make checks payable to City of Wickliffe