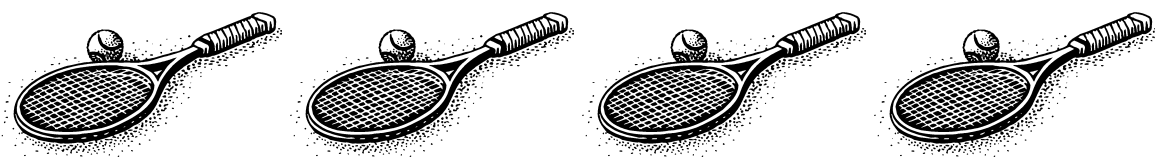


5-Cities Youth Tennis Camp-2018



AGES: KIDS ENTERING 5TH- 8TH GRADE (BEGINNER-INTERMEDIATE LEVELS)

DATES: JUNE 19TH-21ST

LOCATION: AGHS TENNIS COURTS

**TIMES: 1:00PM-3:00PM (TUESDAY AND WEDNESDAY)
1:00PM - 4:00PM (THURSDAY- TOURNAMENT)**

**FORMAT: TWO DAYS OF TENNIS CLINICS FOLLOWED BY A
MINI-TOURNAMENT ON THE 21ST. PARENTS ARE WELCOME TO WATCH
THE TOURNAMENT!**

COST: \$60.00 INCLUDES T-SHIRT + SNACK

**WHAT TO BRING: RACQUET (IF YOU HAVE ONE), NON-MARKING COURT
SHOE (NO RUNNING SHOES, PLEASE), SHORTS WITH POCKETS OR SPANDEX,
AND A GOOD ATTITUDE.**

**REGISTRATION: PLEASE MAIL THE COMPLETED LIABILITY RELEASE AND
REGISTRATION FORM BY JUNE 15TH WITH A CHECK PAYABLE TO: "AGHS
TENNIS".**

**MAIL TO: COACH LORI HOLLISTER
 306 PALISADE AVE.
 SHELL BEACH, CA 93455**

THIS CAMP IS RUN BY ARROYO GRANDE HIGH SCHOOL BOYS' AND GIRLS' TENNIS STAFF. ALL PROCEEDS GO DIRECTLY TO THEIR PROGRAMS. PLEASE E-MAIL COACH HOLLISTER AT HOLLISTERTENNIS@GMAIL.COM IF YOU HAVE ANY QUESTIONS ABOUT THE CAMP. MAXIMUM OF 36 CAMPERS DUE TO COURT SPACE.

Liability Release and Registration Form

Voluntary Participation – I, parent/legal guardian, of _____ (minor participant) acknowledge that I have voluntarily applied to the **5-Cities Youth Tennis Camp** for _____ (minor participant) to participate in an instructional **Tennis Camp** at the premises of the Arroyo Grande High School tennis courts.

Assumption of Risk – I am aware that tennis is a potential hazardous activity. I, _____ (parent/legal guardian) acknowledge that _____ (minor participant), with my consent and permission, is voluntarily participating in these activities with the knowledge of danger involved, and hereby agree to accept all risks of potential injury or death.

Release – As consideration for _____ (minor participant) being permitted to participate in these activities and use of related facilities, I hereby agree that I, my assigns, heirs, distributees, guardians, and legal representatives will not make a claim against, sue or attach the property of the **5-Cities Youth Tennis Camp or Arroyo Grande High School** on account of injury or damage resulting from the negligence or other acts, howsoever caused, by any employee, agent, representative, or contractor of the **5-Cities Youth Tennis Camp** as a result of _____ (minor participant) participation in the Tennis Camp. I hereby release the **5-Cities Youth Tennis Camp** from all actions, claims or demands that I, my assigns, heirs, distributees, guardians, and legal representatives now have or may hereafter have for injury or damage resulting from the participation of _____ (minor participant) participation in the Tennis Camp.

Medical Authorization – I hereby authorize the employees, agents, and representatives or contractors of the **5-Cities Youth Tennis Camp** to exercise its best judgment for any emergency medical treatment required by _____ (minor participant) as a result of his/her participation in the **5-Cities Youth Tennis Camp**.

Knowing and Voluntary Execution – I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE **5- Cities Youth Tennis Camp**.

Parent/Guardian Signature _____ **Date** _____

5-CITIES YOUTH TENNIS CAMP REGISTRATION

Name of Camper _____

Grade Entering _____

Emergency Phone Numbers

Mother _____ Father _____

Parent E-Mail _____

Health Concerns/Allergies _____

T-SHIRT SIZE (circle): Youth - M L XL Men's - S M L