

CAMP REGISTRATION FORM

Name: _____ DOB: ___ / ___ / _____ Gender: Male Female

Parent's name: _____ E-mail: _____

Address: _____ City: _____ State: _____ Zip code: _____

Home phone: _____ Cell phone: _____

Emergency contact: _____ Emergency phone: _____

Please select the session(s) for which you want to sign up:

- | | |
|---|--|
| <input type="checkbox"/> Session 1 (June 26 - June 30) | <input type="checkbox"/> Session 6 (August 7 - August 11) |
| <input type="checkbox"/> Session 2 (July 10 - July 14) | <input type="checkbox"/> Session 7 (August 14 - August 18) |
| <input type="checkbox"/> Session 3 (July 17 - July 21) | <input type="checkbox"/> Session 8 (August 21 - August 25) |
| <input type="checkbox"/> Session 4 (July 24 - July 28) | <input type="checkbox"/> Session 9 (August 28 - September 1) |
| <input type="checkbox"/> Session 5 (July 31 - August 4) | |

Total number of sessions: _____

- Full day Half day

Extended day (\$10/hour): 4-5pm 4-6pm

(Along with Extended Day option you will get Gym & Pool Family Membership for that week)

How many years has this student played tennis: _____

What's his/her playing level: Beginner Intermediate Advanced

Is s/he going to buy lunch at YTA? Yes No

Insurance company: _____ Policy no: _____ Group no: _____

Please list all physical conditions of which we should be aware (allergies, recurring illnesses, injuries, required treatments, etc.):

Date of most recent tetanus immunization: ___ / ___ / _____

Physician: _____ Phone number: _____

Please attach a copy of the camper's most recent physical exam, signed by a physician and clearing the camper for physical activity.

Refund Policy

After May 1st refunds are given for medical reasons with doctor's note only.

Before May 1st refunds are available upon request.

I hereby grant permission for my son/daughter , _____, to participate in Youth Tennis Academy summer tennis camp. I agree that my son/daughter will abide by [YTA Camp Plan and Policies](#), and I realize that any breach of conduct may result in expulsion from camp without refund. After May 1st refunds are given for medical reasons with doctor's note only. Before May 1st refunds are available upon request. I hereby agree to the payment schedule and refund policy. I agree not to leave my son/daughter on YTA premises while dropping him/her off without making sure that there is direct supervision by an authorized representative of YTA. I authorize YTA or its authorized representatives to administer medical treatment to my son/daughter at their discretion, and in case of emergency to place my son/daughter, at my own expense and without further consent, in a hospital for medical service and treatment, or if no hospital is not readily accessible, to place my child in the care of a licensed doctor for treatment. I hereby agree to release, discharge and hold harmless Youth Tennis Academy and its employees from all causes, liabilities, damages, claims or demands whatsoever on account of any injury or accident involving my son/daughter in the course of activities held in connection with the camp.

I have read and understood the agreement above.

Parent/guardian signature: _____ Date: ___ / ___ / _____

The Management reserves all the rights including the right to accept or deny the application for the camp.

To register, please mail completed registration form, signed medical form, and a deposit of \$100 per week to:

Youth Tennis Academy, c/o Andrey Spichkin, 221 Deady Avenue, Stoughton, MA 02072