



UNLIMITED TENNIS JUNIOR ACADEMY

2010 Summer Camp Registration

Camper Information

Camper 1: _____

Camper 2: _____

Gender: M F D.O.B: ____/____/____

Gender: M F D.O.B: ____/____/____

May use swimming pool?: YES NO

May use swimming pool?: YES NO

Health Insurance Company: _____

Health Insurance Company: _____

Ability Level: Beg. Adv. Beg. Inter.

Ability Level: Beg. Adv. Beg. Inter.

Allergies/Comments: _____

Allergies/Comments: _____

Recreational Camps	Payment	Payable To:
<input type="checkbox"/> June 14 <input type="checkbox"/> July 12 <input type="checkbox"/> Aug. 9 <input type="checkbox"/> June 21 <input type="checkbox"/> July 19 <input type="checkbox"/> Aug. 16 <input type="checkbox"/> June 28 <input type="checkbox"/> July 26 <input type="checkbox"/> Aug. 23 <input type="checkbox"/> July 5 <input type="checkbox"/> Aug. 2	_____ Camps \$295 (full-day) 9-3pm _____ Camps \$225 (half-day) 9-12pm _____ *Lunches \$8 day M T W Th F _____ 3-5pm Care \$10/day M T W Th F	Unlimited Tennis Inc. 33 Eagle Drive Novato, CA 94949 (415) 462-1302 www.unlimitedtennis.com
1. Complete registration form 2. Make check payable to Unlimited Tennis Inc. 3. Mail to mailing address listed.		_____ \$Total Enclosed
		*Menu posted on website Partial weeks available

Parent / Guardian Information

Name: _____

Emergency Contact (other than guardian)

Name: _____

Address: _____

Phone: _____

City: _____ ST: _____ Zip: _____

Additional People Authorized To Pick Up

Phone: _____ Cell: _____

Name(s): _____

Email: _____

Liability Waiver

I, the parent or legal guardian of the child/children named I understand and agree: (1) Unlimited Tennis Inc staff is authorized to act for me according to their best judgement in an emergency requiring medical attention for the children named. (2) It is my responsibility to provide accident and health coverage for the children named while they are attending the Unlimited Tennis Inc. summer camp. (3) That tennis and swimming are physical activities with inherent risks of injury. (4) I release Unlimited Tennis Inc., Steve Tourdo and UT independent contractors from any liability for accident, injury or bodily harm and for any expenses/damages incurred as a result of accident, injury or bodily harm sustained at Unlimited Tennis camp. (5) There is a 2-week advance cancellation policy for refund. (6) My child will follow directions from camp staff and be courteous to other students or be returned to me without refund. (7) I understand my child must pass a basic swimming competency test to use the swimming pool.

Sign Here: _____ Print Name: _____ Date: _____