VHs Indian Tennis Camp
Registration Form

A $30 dollar non-refundable deposit is due with your registration. Registration fee includes Camp T-shirt.

Name _____
Address _____
City _____ State_____ Zip_____
E-Mail _____
Age _____ Date of Birth _____

T-Shirt Size:
____ YM ___ YL _____ AS _____ AM ____ AL

Camp Dates are as follows:
Day Camp: June 11th ð June 14th 9 a.m. to 12 p.m. Daily Cost $30 Checks Payable to VHS Tennis

Camp is open to boys and girls ages 7-14.
Camp space is limited so register Early!!!

Emergency Contact Person:
Name _____
Day Phone _____ Cell Phone _____

Medical Conditions we should be aware of:
_____
_____
_____

Waiver Agreement:
I grant permission to the staff of the **VHS INDIAN TENNIS CAMP** to act on my behalf or my child in granting permission for evaluation/treatment of minor medical problems. I understand that should a major medical problem arise, an attempt will be made to notify me by telephone. In the event that I cannot be reached, I hereby give my consent to such medical treatment as deemed necessary by a licensed physician. In addition, I hereby release the **VHS INDIAN TENNIS CAMP**, its employees and agents from all claims on account of an injuries which may be sustained by my child while traveling to, participating in and returning from the camp. I also agree to indemnify the **VHS INDIAN TENNIS CAMP**, its employees and agents from any claim which may hereafter be presented by my minor child as a result of illness or accident while my child is at the **VHS INDIAN TENNIS CAMP.**

_____ð _____
Parent/ Guardian Signature Date

Please Return This Form With Your Camp Registration Payment to:
VHS Tennis Campï Coach (Sweda) Champion
1001 North Street West
Vidalia, GA 30474
For questions, Call (678) 634-9329