



NJTL BACK TO SCHOOL TENNIS CAMP

FREE

MONDAY, JULY 30-THURSDAY AUGUST 2
CAMPERS MAY ATTEND 1,2,3, OR 4
DAYS

ALL SKILL LEVELS WELCOME

8:30-11:30 AM: AGES 7-18

8:30-9:30 AM: AGES 5 & 6

LOCATIONS: BELLEVUE, ELDON ROARK,
& RALEIGH TENNIS CENTERS

RACQUETS & EQUIPMENT PROVIDED. REGISTER ONLINE AT
TENNISMEMPHISCAMPS.ORG, COMPLETE THE REGISTRATION
FORM, OR BRING THE FIRST DAY OF CAMP. CONTACT KENT
SMITH: (901) 237-5677 OR KSMITH@TENNISMEMPHIS.ORG WITH
QUESTIONS.



Name of Tennis Center: _____

Please Circle Days Attending: All Monday Tuesday Wednesday Thursday

Full Name of Participant: _____

Date of Birth: _____ School Attending (2018-2019): _____

Parent/Guardian's Name: _____

Relationship: _____

Address: _____ St ____ Zip _____

Email: _____ Telephone Number _____

Emergency Contact: _____ Phone Number: _____

WAIVER, RELEASE & AUTHORIZATION

I, the undersigned parent/guardian, hereby consent for my child to participate in Youth Tennis Clinics. In consideration of participation in the program, I hereby indemnify and hold harmless the City of Memphis, Great Base Tennis, Tennis Memphis and any sponsors of the program and its respective employees, staff, board members, officers, agents, successors. I release the same from any and all liability for any injury or illness which may be suffered by my child arising out of, or in any way connected with the program, and assume the risk for such injury or illness. I, the undersigned, have read this release and understand all of its terms and hereby execute voluntarily, with all knowledge and understanding of its significance. PUBLICITY RELEASE: I hereby give my consent for my child to be interviewed or photographed by the media and Tennis Memphis for purposes of website, social media, marketing, advertising, or newspaper publication. PARENT'S AUTHORIZATION: If I cannot be reached in an emergency, I hereby authorize any medical assistance or treatment deemed necessary in the event of any injury to my child while participating in any program activity. I agree that if my child does not have appropriate insurance coverage, I will pay all costs of medical services incurred on his or her behalf.

Signature of Parent/Guardian: _____

Tennis Memphis is a 501(c) (3) non profit whose mission is to *"build a better community and enhance lives through tennis and education."*
www.tennismemphis.org

In Partnership with:

