



THE TENNIS CAMPS

# The Tennis Camps Registration

## **Athlete Information**

Athlete's Name:

Birth Date:  Gender:

Address:

## **Parent/Guardian Information**

Name:

Phone Number:

Email:

## **Authorized Pick Up**

If the person listed above will not picking up your child, please provide the names and relationship of others who will pick up your child during the week.

<p>Name(s):</p>  <p>Relationship:</p>
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**Emergency Information**

Emergency Contact's Name:

Relationship:

Phone Number:

Does the athlete have any allergies, chronic illness, or medical conditions? If yes, please describe.

Is the athlete prescribed an inhaler or epipen? If yes, please explain any instructions.

**Submit your completed registration and consent form via email to [summercamps@thetenniscentre.ca](mailto:summercamps@thetenniscentre.ca)**

# Choose Your Camp!



Location:	Dates:	Specify your camp (full or half day)
Hazelgrove Park	July 2nd - July 5th	
	July 29th - August 2nd	
South Surrey Athletic Park	July 8th - July 12th	
	August 12th - 16th	
Cloverdale Athletic Park	July 15th - 19th	
	August 19th - 23rd	
Sunnyside Park	July 22nd - 26th	
	August 6th - 9th	

Additional Packages:	Price:	Select if needed:
Early Drop Off (8:00 AM)	\$15 per hour	
Late Pick Up (5:00 PM)	\$15 per hour	
Lunch & Snack Package	\$20 per day	

## **Lunch & Snack Information**

Please note any allergies or preferences if you are using the food package:

## **Camp Pricing Breakdown:**

-  Full Day: \$420 per week / \$336 per week due to Holiday Monday
-  Half Day: \$250 per week / \$200 per week with Holiday Monday

## The Tennis Camps Consent Form

I, \_\_\_\_\_, hereby consent to allow my child, \_\_\_\_\_, to participate in The Tennis Camps. I understand and agree to the terms and conditions outlined below:

1. Health and Medical Information:

I certify that my child is physically fit and is of sufficient health to participate in the activities offered at The Tennis Camps. I agree to inform the camp staff of any existing or changing medical conditions, allergies, or dietary restrictions my child may have. I authorize the camp staff to provide necessary medical treatment in case of emergency.

2. Emergency Contact Information:

I will provide accurate and reliable emergency contact information and authorize the camp staff to contact the designated emergency contacts if necessary.

3. Behavioural Expectations:

I understand that my child is expected to follow the rules and guidelines set by the camp staff. I will discuss these expectations with my child and support the staff in enforcing them.

4. Photography and Media Release:

I grant permission for my child's photograph, video, or likeness to be used by The Tennis Camps for promotional or marketing purposes, including but not limited to website, social media, and printed materials.

5. Personal Belongings:

I acknowledge that The Tennis Camps is not responsible for any lost or damaged personal belongings brought to the camp by my child.

6. Pickup Authorization:

I will provide a list of authorized individuals who are permitted to pick up my child from the camp. I understand that photo identification may be required for anyone picking up my child.

7. Payment and Refund Policy:

I agree to pay the required fees for my child's participation in the camp program. I understand that fees are non-refundable except in cases of documented medical reasons or other extenuating circumstances. I.e. Weather.

8. Acknowledgment of Risk:

I acknowledge that participation in camp activities involves certain risks, including but not limited to physical injury. I agree to release and hold harmless The Tennis Camps, its staff, and volunteers from any liability for injuries or damages sustained during camp activities, except in cases of negligence.

I have read and understand the terms and conditions outlined in this consent form. By signing below, I confirm my consent for my child to participate in The Tennis Camps program.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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