



# Tennis Camp Registration 2010

**TENNIS**

**Please Print:**

Name: \_\_\_\_\_ Age \_\_\_\_\_

Street Address \_\_\_\_\_ Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Having been informed of the organization of the Tennis Camp in Bellefontaine, Ohio, to provide supervised Tennis for youths, I/we, the parents of the above named player, do hereby give my/our approval to participate in any and all of the activities during the current season. I/we to assume all the risks and hazards incidental to the conduct of the activities, transportation to and from the activities; and I/we do further hereby release, absolve, indemnify and hold harmless the Bellefontaine Joint Recreation District, the organizers, sponsors, and the supervisors appointed by them. I/we likewise release from responsibility any person transporting the above named player to or from the activities.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Participation Fee: \$20.00 – No Refunds \_\_\_\_\_ PAID  
(Checks made out to Bellefontaine Joint Rec. District)

**Late Registration Policy**

**After 3/31/10 - additional \$20.00 Payable to the Joint Recreation District**

**Equipment needed:** Please bring your own racquet if possible

**Turn over & fill out back**

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**Tear Off & Save Information – Tennis Camp –You will not be notified**  
**Have your child at camp at designated times.**

**Dates: July 5 – 16<sup>th</sup>**

**Location: Mary Rutan Park – Tennis Courts**

**Ages 8 – 11** Mon. thru Fri. 9:00 a.m. – 10:15 a.m.

**Ages 12-14** Mon. thru Fri. 10:15 a.m. – 11:30 a.m.

**Ages 5 – 7** Mon thru Fri 11:30 a.m. – 12:00 p.m.

**Please complete upon registration**

**Emergency Medical Authorization**

Bellefontaine Parks & Recreation Department:

Student's Name \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Telephone: \_\_\_\_\_ School attended during 09/10 year: \_\_\_\_\_

Purpose: To enable parents and guardians to authorize the provisions of emergency treatment for children whom become ill or injured while under Park authority, when parents or guardians cannot be reached.

**PART I OR II MUST BE COMPLETED**

**Part I – TO GRANT CONSENT**

In the event reasonable attempts to contact me at \_\_\_\_\_(phone) or \_\_\_\_\_(other parent or guardian) at \_\_\_\_\_(Phone) have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by Dr. \_\_\_\_\_(preferred Dr.) at \_\_\_\_\_(Dr. address & phone),

Dentist \_\_\_\_\_(phone & address) \_\_\_\_\_

or in the event the need to transfer the child to \_\_\_\_\_(preferred hospital) or any hospital reasonable and accessible. This authorization does not cover major surgery unless the medical opinion of two other licensed Doctors or Dentists, concurring in necessity for such surgery, are obtained prior to the performance of such surgery. Facts concerning the child's medical history including allergies, medications being taken, and any other physical impairments to which a physician should be alerted:

\_\_\_\_\_  
Date: \_\_\_\_\_

Signature or Parent or Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_

**PART II – REFUSAL TO CONSENT (Do not complete PART II if you completed PART I)**

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency medical treatment, I wish the Park Authorities to take no action or to: Specific instructions: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_