

Lafayette Tennis Summer Camp 2017 Registration Form Boys and Girls Ages (5 -15)

Name: _____ Gender: ___M ___F
Date of Birth: _____ Age: ___ Height: _____ Other Sports: _____

Player E-mail: _____ Player Cell: _____
Address: _____ City/State: _____ Zip Code: _____
Home Phone: _____ School: _____ Grade: _____

Parent/Guardian/Nanny Names: _____
Mother Cell: _____ Father Cell: _____ Caregiver Cell: _____
Mother/Father E-mails: _____
Caregiver E-mail: _____
Emergency Contact: _____ Phone: _____

Tennis Skill Level: ___Beginner ___Advanced Beginner ___Intermediate ___Advanced

See www.LafayetteTennis.org for availability of space in each weekly camp session. Check off each desired item below:

Session	Start Date	Full Day	or	Half Day	Pre-Camp Care	Post-Camp Care	Weekly Total
1	June 12	___325		___225	___50	___80	_____
2	June 19	___325		___225	___50	___80	_____
3	June 26	___325		___225	___50	___80	_____
4	July 4*	___240		___192	___45	___64	_____
5	July 10	___325		___225	___50	___80	_____
6	July 17	___325		___225	___50	___80	_____
7	July 24	___325		___225	___50	___80	_____
8	July 31	___325		___225	___50	___80	_____
9	August 7	___325		___225	___50	___80	_____
10	August 14	___325		___225	___50	___80	_____
Subtotal							_____
* No camp on Tuesday, July 4th Less Extra Week or 2 nd Family Member 10% Discount							_____
(Only one 10% discount per player week) 3% fee for PayPal or credit card							_____
Summer Camp Total							_____

List any medications, previous injuries, illnesses or conditions including allergies that may interfere with your child's participation in this activity:

In consideration of your accepting my application to participate in a Lafayette Tennis program, I hereby for myself, my child, my personal representatives, executors and administrators, waive and release all claims and rights for damages I may have against Lafayette Tennis Association, D.C. Public Schools, D.C. Department of Parks and Recreation, or their agents for any and all injuries suffered by my child in this activity. I understand that tennis may include some accidental contact with other players, racquets, balls and other equipment on or near the tennis courts. All possible care will be taken by the instructor/coach to ensure the safety of all participants. I voluntarily and knowingly recognize, accept and assume all risk. I agree to reasonable use of photos or videos of my child for instructional purposes and use on official organizational websites.

Parent/Guardian Signature: _____ Date: _____

Payment Options: (1) Make your check payable to **Lafayette Tennis Association**. Print and send a copy of this filled-out form with your check to: Paul F. Rosenbaum, 6117 32nd Place, NW, Washington, DC, 20015 (2) E-mail filled out form to rosenbaumpaul@msn.com and send payment to Lafayette Tennis Association through PayPal using the PayPal account associated with the email rosenbaumpaul@msn.com. 3% fee for PayPal or credit card payments made online.

For more info go to www.LafayetteTennis.org, call (202) 441-0925 or email rosenbaumpaul@msn.com