

# PRESTWICK

## JUNIOR DEVELOPMENT CAMPS

NAME: \_\_\_\_\_

FULL ADDRESS: \_\_\_\_\_

AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

PARENT MOBILE for text communication: \_\_\_\_\_

Any Allergies or Known Medical Conditions: \_\_\_\_\_

### SESSION DATES: FRIDAY RAIN DAY

\_\_\_\_\_ June 21-24

\_\_\_\_\_ July 19 - 22

\_\_\_\_\_ June 28 - July 1

\_\_\_\_\_ July 26 - 29

\_\_\_\_\_ July 5 - 8

\_\_\_\_\_ August 2 - 5

\_\_\_\_\_ July 12 - 15

\_\_\_\_\_ August 9 - 12

### MEDICAL RELEASE AND PARTICIPATION FORM

I hereby give permission for my child \_\_\_\_\_ to participate in the SUMMER TENNIS CAMP, conducted by the Jimmy Mendieta Tennis Management at Prestwick Tennis Club. I also grant permission to supervision and/or coaching personnel or other PTC representatives to authorize and obtain medical care and treatment from any licensed physician, hospital or medical clinic, including major surgery, deemed necessary by a duly licensed physician should the child become ill or injured while participating in tennis activities, when neither parent/guardian is available to grant authorization for emergency treatment. I hereby release Jimmy Mendieta Tennis Management, Prestwick Tennis Club, it's owners, staff and any other affiliated associated with the tennis facility from any liability arising from my child participating in this program. I also hold the above harmless and indemnified from all claims. I understand and voluntarily consent to this agreement.

PRINTED NAME: \_\_\_\_\_

SIGNED: \_\_\_\_\_. DATE: \_\_\_\_\_

CAMPS ARE LIMITED SO BE SURE TO REGISTER EARLY.