



HIGH SCHOOL TENNIS WEEK

At the Salem State College Outdoor Tennis Complex



2010 HIGH SCHOOL TENNIS PLAYER APPLICATION

_____ Camper's Name		_____ Nickname		_____ Home Phone Number	
_____ Male or Female	_____ Date of Birth	_____ Age	_____ Grade	_____ Name of School & Town	
_____ Home Address				<input type="checkbox"/> Yes, I will download the medical & release form from web site	
_____ City, State, and Zip Code				<input type="checkbox"/> No, please mail me the above forms	
_____ Parent/Guardian's (P/G) Name		_____ P/G's Work/Day Phone		_____ P/G's Cell Phone/Pager	
_____ Parent/Guardian's (P/G) Name		_____ P/G's Work/Day Phone		_____ P/G's Cell Phone/Pager	
_____ Emergency Contact Person		_____ Emergency Contact's Work Phone		_____ Emergency Contact's Cell Phone/Pager	
_____ Email address		<input type="checkbox"/> Yes, I would like to receive mail electronically			

SESSION & TUITION

○ August 9 - August 13, 2010 \$210 9:00 am - 12:00 pm

Do you give Summer's Edge Tennis School permission to use your player's photo in the camp's marketing information and other advertisement items? ___ yes or ___ no

Assumption of Risk

I understand that part of the camping experience involves activities, interactions, and group living arrangements (Adventure Week) that may be new to my child, and that they come with certain risks and uncertainties beyond what my child may be used to dealing with at home. I am aware of these risks, and I am assuming them on behalf of my child. I realize that no environment is risk-free, and so I have instructed my child on the importance of abiding by the camp's rules and my child and I both agree that he or she is familiar with these rules and will obey them.

Jurisdictional Clause

It is agreed that any dispute or cause of action arising between parties, whether out of this agreement or otherwise, can only be brought in a court of competent jurisdiction located in the Middlesex County of Massachusetts, and shall be construed in accordance with the laws of Massachusetts.

Permission to Provide Necessary Treatment or Emergency Care

I hereby give permission to the camp/tennis school to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the camp/tennis school to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp/tennis school to secure and administer treatment, including hospitalization, for the person named above.

Signature indicates agreement to all of the above statements Important information on other side 

Parent/Guardian Signature

Date

**Thank you for taking the time to complete this application form.
Please mail it with your full payment to Summer's Edge Inc. Central Office 342 Main Street Medford, MA 02155-6158
Applications are accepted in the order by which they are received by postmark date.**

