



# SWING & SWIM®



At the Salem State College Outdoor Tennis Complex

## 2010 TENNIS PLAYER APPLICATION

_____ Camper's Name		_____ Nickname	_____ Home Phone Number
_____ Male or Female	_____ Date of Birth	_____ Age in Yrs. & Mos. a/o 6/1/10	_____ Grade & School <b>Next Fall</b> Sept. 2010
_____ 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	

## SESSIONS & TUITION

- **August 2 - August 6, 2010**      **\$210**      **9:00 am - 12:00 pm**
- **August 9- August 13, 2010**      **\$210**      **9:00 am - 12:00 pm**

Do you give Summer's Edge Tennis School permission to use your camper'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.**

