



SUMMER TENNIS CAMP 2017

WHEN: May 29 – June 8 (Mon-Thurs)

TIME: 9:30-11:00 am

**Free breakfast and lunch will be provided in the high school cafeteria from 7:30-9:30 am and from 11-1:30 pm.

WHERE: Garden City High School Tennis Courts

Cost: \$65.00, each participant will receive a camp t-shirt **and** one free entry to play in the GC Open Tournament June 2-4.

Make checks payable to: Garden City Tennis Association

Sign up: Fill out the registration form and return to:

Heather Kneeland

2122 Tara Drive

Garden City, KS 67846

*Questions? Call Heather Kneeland at 620-290-1999.

*Registration forms can be picked up at the Garden City Rec Commission or the Garden City Family YMCA. Deadline is May 26, 2017.

GCTA SUMMER TENNIS CAMP

Registration Form

PARTICIPANT NAME _____ AGE _____

PHONE _____

ADDRESS _____

CITY, STATE _____ ZIP _____

EMAIL _____

SESSION: (circle one) BEGINNER ADVANCED

TSHIRT SIZE: (circle one) YS YM YL AS AM AL XL

Please answer the following questions:

1. What grade will you be entering next year? _____
2. Are you learning to play tennis for the first time? _____
3. How many years of tennis experience do you have? _____
4. Do you have a tennis racquet? _____
5. Will you be eating breakfast and/or lunch at high school? _____

EMERGENCY CONTACT INFORMATION:

CONTACT NAME: _____

RELATIONSHIP TO PARTICIPANT: _____

PHONE NUMBER _____

Disclaimer:

I hereby desire that my child participate in the Garden City Tennis Association (GCTA) Summer Tennis Camp. By condition of this release, I acknowledge the inherent risk of playing in an athletic event; and agree that all the requirements, directions, supervision and standards set by the directors of this program should be established for his/her benefit. I hereby voluntarily assume all risk of accident or injury to my child which may arise out of participation in this program, hereby intending to release The GCTA and all personnel associated with this camp from liability that may result from his/her participation.

As a condition of participation in the GCTA Summer Tennis Camp, I declare that my child is in good physical health and has had a physical check-up by a certified physician within the last calendar year.

Parent/Guardian: _____

Signature: _____ Date: _____