

Poughkeepsie Tennis Club
Camp Application & Waiver

Circle one: Summer Swim & Tennis Camp Tennis Academy Squash Academy

Child's Name _____ Date of Birth _____

Street Address _____ City _____ State _____ Zip _____

Parent Name _____ Parent email _____

Home Phone _____ Cell Phone _____

Level of Play (circle one): Beginner Intermediate Advanced

Weeks attending:

Session 1 Session 5

Session 2 Session 6

Session 3 Session 7

Session 4

All children must have their own medical coverage. Campers will not be allowed to play and participate unless insurance information is listed below and form is signed by parent or guardian. I/We, the undersigned, for ourselves, our heirs, executors and administrator, waive, release and forever discharge Poughkeepsie Tennis Club and its staff, officers, employees, representatives, and assign any and all liability claims, demands, actions, and causes of actions whatsoever arising out of or related to any loss, personal injury or property damage that may be sustained or occur during participation in activities while at camp. I hereby authorize the staff of the Poughkeepsie Tennis Club to act for me according to their best judgment in any emergency requiring medical attention. I have no knowledge of any physical impairment that would be affected by the above named child's participation in the camp. I also understand that the camp retains the right to use for publicity and advertising purposes, photographs of campers taken at camp. This camp admits all qualified applicants without regard to disability, race, color, religion, national or ethnic origin.

Insurer's Name _____

Policy Holder _____

Policy # _____

Allergies / Medications _____

Parent / Guardian Signature _____