

Summer Tennis Camp

16601 Nighthawk Lane San Diego, CA 92127

REGISTRATION FORM

CAMPER INFORMATION

First Name: _____ Last Name: _____

Age: _____

Home address: _____

City: _____ State: _____ Zip Code: _____

Cell: _____

Parent email: _____

Camp Dates (Circle which week you would like to attend)

June: 20-24, 27-July 1

July: 4-8, 11-15, 18-22, 25-29

August: 1-5

Hours: 9am-2pm. *Bring Lunch and lawn chair. Make checks payable to **On The Rise Tennis** or cash (no electronic payment such as Venmo, Zelle accepted)

REQUIRES PARENT'S SIGNATURE:

I hereby give permission to **CDM Tennis** to photograph and/or videotape the student for educational or promotional purposes. _____ (Initial)

PARENT STATEMENT

I hereby state that (camper's name) _____ is in good mental and physical health condition to participate in the activities provided by **CDM Tennis**. I am fully aware that any activity involving motion, height or athletic activity creates the possibility of serious injury. I hereby release **CDM Tennis, its employee and its staff** from liability to the above named athlete, of the person claiming through him/her, arising from injury to the person or property of the above named athlete occurring in the premises of **CDM Tennis**, including any event sponsored or sanctioned by **CDM Tennis**, and or travel to and from such activities.

I understand that **CDM Tennis**, has the right to deny admittance to any student not meeting the standards of the program as it sees fit. I also agree not to hold these parties responsible in the event that my son/daughter/child engages in inappropriate conduct (including, but not limited to disruptive or volatile behavior in or out of camp, etc.) or becomes involved in any activity or with any persons not associated with **CDM Tennis**, or its scheduled program and that **CDM Tennis**, has the right to send him/her home for inappropriate conduct. I further attest that the information contained in this application is correct to the best of my knowledge. In addition, I have agreed to the policy and fee statement and agree to comply.

Parent Signature _____ Date _____