

# NORTHVIEW HIGH SCHOOL TITAN TENNIS SUMMER CAMP 2009

June 8 - 12, 9:00am - 12:00pm Cost:  
\$150.00

Rising Middle / High School Students

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Tennis Experience: Beginner    Intermediate    Advanced

ALTA / USTA / Tournaments? \_\_\_\_\_

Address: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

T-Shirt Size: (Adult)    S    M    L    XL

MAKE CHECK PAYABLE TO: NHS Tennis

MAIL CHECK / APPLICATION: Northview High School 10625  
Parsons Rd. Duluth, GA 30097  
Attn. Rob Hunter

WARNING: ALTHOUGH PARTICIPATION IN SUPERVISED ATHLETICS AND ACTIVITIES MAY BE THE LEAST HAZARDOUS IN WHICH CAMPERS WILL ENGAGE BY IT'S NATURE, PARTICIPATION IN ATHLETICS INCLUDES A RISK OF INJURY FROM MINOR TO LONG TERM CATASTROPHIC. PARTICIPANTS CAN AND DO HAVE THE RESPONSIBILITY TO REDUCE THE CHANCE OF INJURY BY OBEYING ALL SAFETY RULLES AND IMMEDIATELY REPORTING TO THE COACHES ANY PHYSICAL PROBLEMS.

BY SIGNING THIS PERMISSION FORM, YOU AS PARENT(S) OR LEGAL GUARDIAN(S) AKNOWLEDGE THAT YOU HAVE READ AND UNDERSTAND THIS WARNING.

I HAVE READ AND UNDERSTAND THIS WARNING AND HEREBY GIVE CONSENT FOR \_\_\_\_\_ TO PARTICIPATE IN TENNIS CAMP. WE UNDERSTAND THAT WE WILL BE RESPONSIBLE FOR THE PAYMENT OF ANY AND ALL BILLS RESULTING IN ANY TREATMENT RENDERED. WE FURTHER AGREE TO HOLD HARMLESS THE NORTHVIEW TENNIS CAMP STAFF FOR ANY OR ALL LIABILITY FOR INJURIES INCURRED WHILE PARTICIPATING IN CAMP ACTIVITIES.

PARENT SIGNATURE: \_\_\_\_\_

\*\*Due to ordering of camp t-shirts and staffing of coaches, no money will be refunded after May 30, 2009