



Summer Camp 2024

Wolbrecht Tennis Center

June 3-July 19, 2024

No camp the week of July 4

Morning Camp ages 5&6

Monday-Friday 8-9:30am

Weekly Rate: \$55

Summer Pass: \$275 (savings of \$55)

NJTL Camp

Monday-Friday 8-12pm

Weekly Rate: \$125

Summer Pass: \$485 (savings of \$265)

Wolbrecht Tennis Center

Summer Camp 2024

REGISTRATION FORM

First Name _____ Last Name _____ Male Female

Birthdate ____/____/____ Grade in Spring 2024 _____ School _____

Address _____ City _____ State ____ Zip _____

Parent/Guardian _____ Cell # _____ Email: _____

Parent/Guardian _____ Cell # _____ Email: _____

T-Shirt size YS YM YL AS AM AL

SELECT CAMP

Group	Weeks	Cost
Morning Camp 5&6 year olds	1/2/3/4/5/6	\$55 X ____ = ____
Morning Camp Summer Pass		\$275
NJTL Camp	1/2/3/4/5/6	\$125 X ____ = ____
NJTL Summer Pass		\$485

TOTAL PAYMENT \$ _____ Pay at front desk or online <https://tennismemphis.clubautomation.com>

Contact Coach Jay for any questions on camp for Wolbrecht at jrobillard@tennismemphis.org

WAIVER, RELEASE & AUTHORIZATION

I, the undersigned parent/guardian, hereby consent for my child to participate in Youth Tennis Clinics. In consideration of participation in the program, I hereby indemnify and hold harmless the City of Memphis, Tennis, Tennis Memphis and any sponsors of the program and its respective employees, staff, board members, officers, agents, successors. I release the same from any and all liability for any injury or illness which may be suffered by my child arising out of, or in any way connected with the program, and assume the risk for such injury or illness. I, the undersigned, have read this release and understand all of its terms and hereby execute voluntarily, with all knowledge and understanding of its significance. **PUBLICITY RELEASE:** I hereby give my consent for my child to be interviewed or photographed by the media and Tennis Memphis for purposes of website, social media, marketing, advertising, or newspaper publication. **PARENT'S AUTHORIZATION:** If I cannot be reached in an emergency, I hereby authorize any medical assistance or treatment deemed necessary in the event of any injury to my child while participating in any program activity. I agree that if my child does not have appropriate insurance coverage, I will pay all costs of medical services incurred on his or her behalf.

Signature of Parent/Guardian_____

Date _____

In order to receive the camp scholarship, please provide proof of government assistance verification letter (food stamps/SNAP, Social Security or disability for self or child.) with this registration form.