



LCHS Summer Tennis Camp Registration Form

Camp Dates: June 8th – June 12th **Camp Time:** 9 am to 10 am **Registration Fee:** \$20

Participant Information

- Full Name: _____
- Age: _____
- Date of Birth: ____ / ____ / ____
- Gender: _____
- School: _____
- Grade Level _____

Emergency Contact Information

- Emergency Contact Name: _____
- Relationship to Participant: _____
- Phone Number: _____
- Alternate Phone Number: _____

T-Shirt Size (circle one)

Youth: S / M / L

Adult: S / M / L / XL / 2XL / 3XL

Liability Waiver & Consent

I, the undersigned parent/guardian, permit my child to participate in the LCHS Summer Tennis Camp. I understand that participation involves physical activity and assume all risks associated. I authorize camp staff to seek medical treatment in case of emergency.

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

Payment Information

Please make checks out to LCHS Tennis

Please return the completed form and payment to LCHS or bring them on the first day of camp.