



Tennis Camp



*Monday-Friday 6pm-8pm
Aug 3-7, 2026
at the high school tennis courts*



For any student in Grades 6-12

The camp is **\$25** for all participants and all equipment will be provided.

Come, have fun and learn all about tennis – a sport you can play your entire life.
The camp will teach stroke mechanics, footwork and rules
using targeted drills and games!

For more information and to sign up, please contact:
Coach Tina Moll @ tlm6@psu.edu

Tennis Camp Registration

Please return via email to Coach Moll at

tlm6@psu.edu



Player's Name _____

Age/Grade _____

Parent's Name _____

Contact Phone _____ Secondary Phone _____

Contact email _____

Parent's Approval and Medical Release

I hereby give my permission for the below-named minor to participate in all normal and usual activities associated with the sport of tennis. In the event of an emergency, accident, or injury which occurs while my child participates in the tennis camp and I am not present, I hereby give permission for the adult representatives of the tennis camp, to secure whatever medical treatment may be appropriate or required. Recognizing the possibility of physical injury associated with tennis, I hereby agree to release, discharge, and/or hold harmless the tennis camp, the Schuylkill Valley School District and their officers, agencies, employees, students and volunteers from and against all liability, loss, damages, claims or actions (including legal costs and attorney fees) for any bodily injury and/or property damage, to the extent permissible by law arriving from or related to my child's participation. I understand that medical insurance is not the responsibility of the tennis camp and that primary insurance coverage is my responsibility.

Parent Signature: _____ Date: _____

Secondary Emergency Contact: _____ Relation: _____

Cell Phone: _____ Secondary Phone: _____

Health History	Yes	No		Yes	No
Any hospitalization/operations			Heat stroke or exhaustion		
Seizures			Diabetes		
Vision Problems			Cancer		
Ear or hearing problems			Heart problems		
Dizziness or Fainting			Circulatory problems		
Head Injury/Loss of consciousness			Circulatory problems		
Neck or back injury			Sickle cell trait/disease		
Asthma or difficulty breathing			Insect Bite/Sting Allergy		
			Orthopedic Injuries		

Explain YES answers: _____

Current Health Conditions: _____

Current Medications: _____