

## Lafayette Tennis Summer Camp 2012 Registration Form Boys and Girls Ages (6-15)

Name: \_\_\_\_\_ Gender:  M  F  
Date of Birth: \_\_\_\_\_ Age:  Height: \_\_\_\_\_ Other Sports: \_\_\_\_\_

Player E-mail: \_\_\_\_\_ Player Cell: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian/Nanny Names: \_\_\_\_\_  
Mother Cell: \_\_\_\_\_ Father Cell: \_\_\_\_\_ Guardian/Nanny Cell: \_\_\_\_\_  
Mother/Father E-mails: \_\_\_\_\_  
Guardian/Nanny E-mails: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Tennis Skill Level:  Beginner  Advanced Beginner  Intermediate  Advanced

See [www.LafayetteTennis.org](http://www.LafayetteTennis.org) for availability of space in each weekly camp session. Check off each desired item below:

Session	Start Date	Full Day	or	Half Day	Pre-Camp Care	Post-Camp Care	Weekly Total
1	June 18	<input type="checkbox"/> 300		<input type="checkbox"/> 200	<input type="checkbox"/> 50	<input type="checkbox"/> 80	_____
2	June 25	<input type="checkbox"/> 300		<input type="checkbox"/> 200	<input type="checkbox"/> 50	<input type="checkbox"/> 80	_____
3	July 2*	<input type="checkbox"/> 240		<input type="checkbox"/> 175	<input type="checkbox"/> 40	<input type="checkbox"/> 64	_____
4	July 9	<input type="checkbox"/> 300		<input type="checkbox"/> 200	<input type="checkbox"/> 50	<input type="checkbox"/> 80	_____
5	July 16	<input type="checkbox"/> 300		<input type="checkbox"/> 200	<input type="checkbox"/> 50	<input type="checkbox"/> 80	_____
6	July 23	<input type="checkbox"/> 300		<input type="checkbox"/> 200	<input type="checkbox"/> 50	<input type="checkbox"/> 80	_____
7	July 30	<input type="checkbox"/> 300		<input type="checkbox"/> 200	<input type="checkbox"/> 50	<input type="checkbox"/> 80	_____
8	August 6	<input type="checkbox"/> 300		<input type="checkbox"/> 200	<input type="checkbox"/> 50	<input type="checkbox"/> 80	_____
						Subtotal	_____
* No camp on 4 <sup>th</sup> of July						Less Extra Week/ Family Member 10% Discount	_____
						Scholarship Donation for Needy Players	_____
						Summer Camp Total	_____

List any medications, previous injuries, illnesses or conditions including allergies that may interfere with your child's participation in this activity:

---

*In consideration of your accepting my application to participate in a Lafayette Tennis program, I hereby for myself, my child, my personal representatives, executors and administrators, waive and release all claims and rights for damages I may have against Lafayette Tennis Association, D.C. Public Schools, D.C. Department of Parks and Recreation, or their agents for any and all injuries suffered by me in this activity. I understand that tennis may include some accidental contact with other players, racquets, balls and other equipment on or near the tennis courts. All possible care will be taken by the instructor/coach to ensure the safety of all participants. I voluntarily and knowingly recognize, accept and assume all risk. I agree to reasonable use of photos or videos of my child for instructional purposes and use on official organizational websites.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Payment Options: (1) Make your check payable to **Lafayette Tennis Association**. Print and send a copy of this filled out form with your check to: Paul F. Rosenbaum, 6117 32nd Place, NW Washington, DC, 20015 (2) E-mail filled out form to [rosenbaumpau@msn.com](mailto:rosenbaumpau@msn.com) and send payment to Lafayette Tennis Association through PayPal.

For more info go to [www.LafayetteTennis.org](http://www.LafayetteTennis.org), call (202) 441-0925 or email [rosenbaumpaul@msn.com](mailto:rosenbaumpaul@msn.com)