

Summer Tennis Camp Registration Form

At Tennis Camp, your child will work on all of the varieties of shots and strategies. Camp is open to children ages 5-18 and of all abilities. Each participant should please bring a water bottle, towel, proper shoes (no running shoes or cross trainers) and sunscreen. Space is available on a first-come, first-serve basis and spaces will be reserved only on receipt of an application form and check made payable to Michael Oladele.

Camper Name \_\_\_\_\_ Age \_\_\_\_\_

Parent(s) Name \_\_\_\_\_ Email \_\_\_\_\_

Best Contact Number \_\_\_\_\_ (Text Y / N ) If providing cell number

Please check the following sessions you plan on having your child attend:

- \_\_\_\_\_ June 15-19 for ages 5-8
- \_\_\_\_\_ July 13-17 for ages 5-8  
(Will use red ball)
- \_\_\_\_\_ June 22-26 for ages 9-12
- \_\_\_\_\_ July 20-24 for ages 9-12  
(Will use orange or green dot ball)
- \_\_\_\_\_ June 29-July 3 for ages 13-18
- \_\_\_\_\_ July 27-31 for ages 13-18  
(Will use yellow ball)

<p><b>2020 Summer Camp Cost</b></p> <p>\$170 for SARC members per week</p> <p>\$195 for non-members per week</p> <p><b>\$10 discount if registered and pay by May 17</b></p> <p>Total Amount of Check _____</p>
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\_\_\_\_\_ Aug 3-7: High school level/intermediate/advanced \*\*Date may change once try-out date announced

Camps will be held as long as they have 4 or more registered participants. We will run the camps for 4 days, Monday through Thursday, with Friday available as a rain make up if needed. Certified instructors will work with players to create fun and challenging activities and instruction.

Briefly describe your child’s exposure to tennis and playing ability:

\_\_\_\_\_  
\_\_\_\_\_

Please list any physical or emotional concerns (medications/allergies):

\_\_\_\_\_

Waiver and Release

I certify that my child (ren) \_\_\_\_\_, is (are) in good health and can participate in the daily activities of the Tennis Camp, unless otherwise notified. In case of an injury, I grant Michael Oladele and his staff permission to administer standard first aid treatment on site or to transport my child to the nearest medical facility equipped to handle the injury. By signing below I also certify that my child or children’s picture may be used by Michael Oladele for promotional purposes on the Michael Oladele Tennis website and in printed promotional items.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Email michaeloladele4@gmail.com with any tennis camp questions