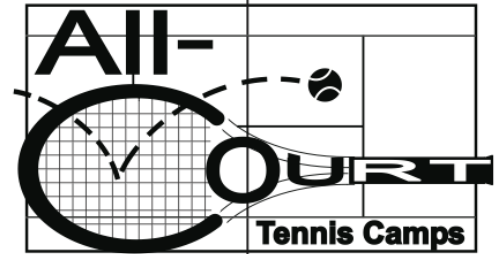


Tennis-4-Tots

Registration Form

Thank you for your interest in our program for 3-6 yr. olds! Please read through the general camp information posted on our website regarding location, and policies. Please, also give Eric a call at 857-753-6557 to introduce yourself if you are new to the program. To register your son or daughter simply fill out the form below and send it, no deposit required— to the address at right: (Payment is due at the end of the first day. Parents or All-Court can opt-out at any time.)



ALL-COURT TENNIS
49 LONGFELLOW DR.
NEWBURYPORT, MA
01950

The Tots Program is designed to introduce young aspiring athletes to the joy of running around and hitting low-comp tennis balls in a fun and sporty way. (With lots of supervision!) We pair the Tots with a senior tennis counselor, often aided by one or more CIT's to help with instruction and crowd control. If you are registering a solo tot, please be advised that we encourage the formation of small groups and your requested days may need to be flexible until we find a buddy. We do NOT offer the Tots program on Mondays due to the need to organize the main camp on the first day and train in the CIT's.

Name of Tot: _____ Gender: M / F Age: _____ Any prior tennis? _____

Name of Parent/Guardian: _____ email address: _____

Home Address: _____

All relevant home/work/cell phone numbers: _____

Any scheduling information we should know? (Sitter pickup/dropoff, evening baseball, etc.)
 _____ (NOTE: For solo 3 yr olds we ask that parents stay for the first day.)

If you are *new* to All-Court, how did you hear about us? _____

Tots runs from 9:30 - 11:30 with a snack break. Please walk your Tot out to the Pingree tennis courts.

If it rains we will move inside to the Pingree Classrooms. Rain before 9:30 may cancel the session.

Tuition is \$30 per day for two hours. Two or more siblings/carpool Tots coming together are \$25/day

Days of Interest: (check all that apply)

	Tue	Wed	Thurs	Fri
June 23rd – 27th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
June 30th – July 3rd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Camp
July 7th – 11th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
July 14th – 18th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
July 21st – 25th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
July 28th – Aug. 1st	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you!—We will telephone/email, confirmation of this registration.

All - Court Tennis:**General/Medical Release Form**

GENERAL: Tennis is a very safe sport, and in over a decade with hundreds of campers, no significant injuries have occurred, however there is some risk of injury. In registering my child as a participant in the All-Court Tennis for Tots lessons, I understand my child assumes any and all risks which might be associated with its activities and waive and release all rights and claims for damages which my child, heirs, executors, administrators, assigns, or I may have against All- Court Tennis Camps and Clinics, its director, coaches, or representatives, for any and all injuries or damages of any kind suffered as a result of participation in All-Court summer camps.

PHOTOGRAPHY: All-Court occasionally takes photographs for fun, and promotion on our website, or in camp videos. (Any instructional videotaping is kept private) I authorize All-Court to take, use, publish, and reproduce photographs, moving pictures, slides, or videotapes of my child for its teaching, documentation, or public relations.

Photographs are OK I do NOT wish to have any photos taken Initial _____

MEDICAL: I, the undersigned, as Parent/Guardian of camper: _____, give my consent for emergency first-aid/medical/surgical treatment of my child in the unlikely event that medical attention may be necessary.

Signature of Parent/Guardian: _____ Home Phone: _____

Additional Contact Person, in emergency (Required): _____

Does your child suffer from any allergies (food, insect stings, etc.) that could be problematic while he/she is at camp? (Y / N)

If yes, please describe allergen, typical reaction, and treatment:

Please describe any other restrictions and treatments your child may require that we should be aware of.

Physician's Name: _____ Phone: _____

Insurance Provider: _____ Policy No. _____