



## **Junior Tennis Clinics**

### **JUNE 5-7**

**Ages 6-9            9:00-10:00am    (\$50)**

**Ages 9-14          10:00-11:30      (\$75)**

### **JUNE 11-13**

**Ages 6-9            9:00-10:00am    (\$50)**

**Ages 9-14          10:00-11:30      (\$75)**

### **JUNE 18-19**

**Ages 6-9            9:00-10:00am    (\$40)**

**Ages 9-14          10:00-11:30      (\$60)**

Name \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_

Email address \_\_\_\_\_

Emergency contact \_\_\_\_\_

Contact Number \_\_\_\_\_

T-SHIRT SIZE \_\_\_\_\_

**CAMP WAIVER AND RELEASE OF LIABILITY AGREEMENT**

I verify that my child/ward has been checked by a licensed physician and is physically able to participate in the Oklahoma State Tennis Camp under the direction of Chris Young. I understand that participation in the camp will involve instruction in the sport of tennis and may include physical exercise or activity involving a multitude of risks. In consideration of my child/ward being able to participate, I hereby agree and promise that I will not hold Chris Young or his employees responsible for any loss, damages, or personal injury received as a result of my child/ward's participation or the conduct of camp directors and/or employees, including negligence. I hereby authorize the directors of the camp staff to act for my child/ward according to their best judgment in an emergency requiring medical attention.

Parent or Guardian

Signature \_\_\_\_\_ Date \_\_\_\_\_