



**Leftwich Tennis Center
Summer Tennis Camp 2009
June 8-July 31**



Directed by Damien Spizzo

Player Information (Please complete a separate form for each child)

Name _____ Age ____ Date of Birth _____

Address _____ City _____ State _____ Zip Code _____

Parent's Name _____ Hm. # _____ Cell # _____ Wk. # _____

Parent's Email Address _____

Emergency Contact _____ Tel. # _____ Relationship to child _____

T-shirt size: Youth sizes S ____ M ____ L ____ Adult sizes S ____ M ____ L ____

Sessions and Fees

Weekly Session: \$60 Beg/Int.	Monthly Session: \$200
\$75 Adv.	Full Session: \$350
	Drop in fee: \$25

Sessions will be held Monday through Thursday and do not have to be attended consecutively. In the event of rain, make-up day will be Friday.

Please check preferred session(s)

June 8-11 ____ June 15-18 ____ June 22-25 ____ June 29-July 2 ____ July 6-9 ____ July 13-16 ____

July 20-23 ____ July 27-30 ____ Monthly ____ Full ____

Level: ____ Beginner 9:00 AM-11:00AM ____ Intermediate 11:00 AM-1:00 PM ____ Advanced 1:00PM-4:00 PM

All checks should be made out to **Damien Spizzo** and can be dropped off at Leftwich Tennis Center. For information, contact Damien at 289-8947 or Leftwich Tennis Center 685-7907.

****On Friday July 31 there will be an end of camp pizza party with prizes to be awarded.**

Waiver and Authorization (Must be signed before the child attends camp):

I, the undersigned parent or guardian, hereby consent for my child to participate in the Leftwich Tennis Center Summer Camp. In consideration of participation in the program, I hereby indemnify and hold harmless the City of Memphis, Tennis Memphis, Damien Spizzo and any sponsors of the program and their respective employees, staff, officers, agents, successors, and assigns and I release the same from any and all liability for any injury or illness which may be suffered by my child arising out of or in any way connected with the summer program. I assume the risk for such injury or illness. I, the undersigned, have read this Release and understand all of its terms and hereby execute it voluntarily with all knowledge and understanding of its significance.

PARENT'S AUTHORIZATION: In the event that I (we) cannot be reached in an emergency, the undersigned gives permission to the physician selected by Damien Spizzo to hospitalize, administer treatment or secure proper treatment for my child.

List any medical conditions or special needs: _____

Print Name: _____ Signature: _____ Date: _____