



YOUTH TENNIS CAMP REGISTRATION FORMS

This camp is for beginner, intermediate and Junior Team Tennis players.

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|--|---|--|--|
| <input type="checkbox"/> May 29 – June 1 | <input type="checkbox"/> June 4 – June 8 | <input type="checkbox"/> June 11 – June 15 | <input type="checkbox"/> June 18 – June 22 |
| <input type="checkbox"/> June 25 – June 29 | <input type="checkbox"/> July 2-3, July 5-6 | <input type="checkbox"/> July 9 – July 13 | <input type="checkbox"/> July 16 – July 20 |
| <input type="checkbox"/> July 23 – July 27 | <input type="checkbox"/> July 30 – August 3 | <input type="checkbox"/> August 6 – August 9 | |

**Check payments can be made payable to Miller Tennis Management and can be mailed to:
122 W Village Dr, Saint Augustine, FL 32095**

Session Paid For	Date Paid	Amount Paid	Form of Payment

All program fees are non-refundable

Camper Information

Child's Name: _____

Date of Birth: _____ Age: _____ Gender: _____

Child's Name: _____

Date of Birth: _____ Age: _____ Gender: _____

Child's Name: _____

Date of Birth: _____ Age: _____ Gender: _____

Address: _____

Parent Information

Mother's Name: _____ Father's Name: _____

Mother's Address (if different): _____

Father's Address (if different): _____

Mother's Home Phone: _____ Father's Home Phone (if different): _____

Mother's Cell Phone: _____ Father's Cell Phone: _____

Mother's Work Phone: _____ Father's Work Phone: _____

Email: _____

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**Person Permitted to Remove Child From Camp**

Mother  Y  N and/or Father  Y  N

Additional (see attached form)  Y  N

**Legal Custody**

Both parents  Mother Only  Father Only

Legal Guardian

**Emergency Information**

Persons to be contacted in case of illness, accident or emergency if parents or guardian cannot be reached, and authorized to remove child from facility. **Identification will be required.**

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_ Policy #: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_

Medication Taken: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Other important medical information: \_\_\_\_\_

**WAIVER**

I understand that Scott Miller Tennis Management assumes no responsibility for injuries or illnesses that my child may sustain as a result of his/her physical condition or resulting from his/her participation in any athletic activities, sports program, the use of any equipment, exercise or any other activities of any kind whatsoever. I expressly acknowledge that I assume the risk for any and all injuries and illnesses that may result from his/her participation in these activities. In consideration of the privilege of participating in Scott Miller Tennis Management activities or programs, I hereby voluntarily release and discharge Scott Miller Tennis Management its agents, officers, supervisors, staff, and employees from any and all claims for injury, illness, death, loss or damage of any kind whatsoever that I or my child may suffer as a result of his/her participation in these activities.

I understand and agree that nothing herein is intended to be or shall be construed as a waiver of the Scott Miller Tennis Management sovereign immunity or the limitations of liability found in section 768.28, Florida Statutes, or other law.

While Scott Miller Tennis Management will make every attempt to provide reasonable accommodations for mentally and physically challenged children Scott Miller Tennis Management will not accept children that are (1) of danger to themselves, (2) of danger to others, or (3) a disruption to the normal activities making it unreasonably difficult for other children to enjoy Scott Miller Tennis Management programs. Any of the above reasons will be grounds for dismissal from Scott Miller Tennis Management programs. We strongly recommend that you discuss with Scott Miller Tennis Management staff any special conditions or circumstances involving your child. We request that you do this PRIOR to registration so that we can advise you as to whether we can make reasonable accommodation for your child.

I understand that Scott Miller Tennis Management is NOT responsible for personal property lost or stolen while members and/or program participants are using Scott Miller Tennis Management facilities.

I understand that no accident or medical insurance is provided with this activity.

I give my permission to Scott Miller Tennis Management to use, without limitation or obligation, photographs, film footage or tape recordings that may include my child's image or voice for purposes of promoting or interpreting Scott Miller Tennis Management programs.

\_\_\_\_\_  
NAME OF APPLICANT/CHILD

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

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**PICTURE AND NAME PUBLICATION PERMISSION**

I hereby **grant 904 Tennis permission** to publish pictures and names of myself and/or my children which are taken at 904 Tennis facilities or during 904 Tennis sponsored events on the 904 Tennis website and/or social media.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

I **do not grant 904 Tennis permission** to publish pictures and names of myself and/or my children which are taken at 904 Tennis facilities or during 904 Tennis sponsored events on the 904 Tennis website and/or social media.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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**CAMP PROGRAM BEHAVIOR POLICY**

For the safety and enjoyment of all the children we have the following policy in place:

- First, a verbal warning is given.
- Second, a written warning is sent home with the child.
- As a last resort, if the written warning is not heeded, the child will be suspended from the Tennis Camp Program.

If your child should create a disturbance and become unmanageable, we will be required to have a parent or guardian pick up your child. Future attendance at camp will be reviewed on a case-by-case basis by staff. There will be NO refunds if your child is released from any program.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

# PICKUP AUTHORIZATION

In the event of an **EMERGENCY** and I (parent or legal guardian) am unable to pick up my child/children, the following is a list of all possible persons permitted to check my child out from the Tennis Camp Program. Any additions to this list must be made in person by the parent or legal guardian. You will need to present a driver's license to make changes.

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**\*\*Remember we will be checking ID at the time of checkout.  
Please inform all authorized persons of this policy.  
Thank you.**

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

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## RELEASE OF LIABILITY – BIKERS/WALKERS

I, \_\_\_\_\_, understand that Scott Miller Tennis Management policy does not allow any Camp Program to release any child from its care except to their parents. By signing below, I am giving the Scott Miller Tennis Management permission to allow my son/daughter, \_\_\_\_\_, to ride his/her bike or walk home from the Scott Miller Tennis Management Camp Program. I understand that the Camp Program ends at 2:00pm each day. I understand that there are risks, both known and unknown, in allowing my child to walk or ride his/her bike to and from the Scott Miller Tennis Management Camp Program. On behalf of myself and my child/children, I hereby assume the risk for any and all injuries or damages of any kind whatsoever that may result from or in connection with my child's walking or riding his/her bike to and from the Scott Miller Tennis Management Camp Program. On behalf of myself and my child/children, I voluntarily release and discharge Scott Miller Tennis Management, JCPCDD, its agents, officers, supervisors, staff, and employees from any and all liability related thereto. Nothing herein is intended to be or shall be construed as a waiver of the Scott Miller Tennis Management sovereign immunity or limitations of liability found in section 768.28, Florida Statutes, or other law.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date