

Harper Creek Tennis Camp

Please bring this form, filled out, along with payment to the first day of camp.
Email Coach Selva with questions at selvac@harpercreek.net

Name. _____ Phone _____

Address _____ Grade in Fall 2025. _____

T-Shirt Size **Youth** (S) __ (M) __ (L) __ (XL) __ **Adult** (S) __ (M) __ (L) __ (XL) __
(Please Check One)

Parent/Guardian Signature _____ Printed Name _____

Emergency Phone Number _____

Medical Authorization: My child has permission to attend the HC Tennis Camp. I have no knowledge of any physical impairment that would affect or be affected by my child's participation. In the event of an emergency in which my child requires medical care, I authorize the staff of the camp to act for me and to obtain for them whatever medical treatment the staff, in its best judgment, deems necessary and appropriate. In the event that medical treatment is deemed necessary, I give my permission so that my child may receive medical treatment. I agree to hold the Harper Creek Tennis Camp, their staff, and the Harper Creek Community Schools harmless for any liability arising out of good faith action involved in the camp.

Parent Initials _____