



HAWKS TENNIS CAMP

Registration is open to all boys and girls attending or planning to attend Mountlake Terrace High School in the fall of 2016

Place: Mountlake Terrace High School tennis courts

Date: FIRST CAMP: June 20 to July 1st

Time: Monday through Friday from 3:00 pm to 5:00 pm (first week only, second week 9:00 am to 12:00 pm)

Date: SECOND CAMP: July 4 to July 15

Time: Monday through Friday from 9 am to 12 pm

Date: THIRD CAMP: July 18 to July 29

Time: Monday through Friday from 9 am to 12 pm

Cost: \$ 85.00 per camp \$ 160. 00 for two and 240.00 for three.

Participants are encouraged to stay three hours

(Make checks payable to ESD and bring to registration on 6/13 or 6/17. Or send to: Mountlake Terrace HS, c/o Nadine Coombs, 21801 44th Ave W, Mountlake Terrace, 98043. Checks must be received by 6/23/16)

Risk form & Payment must be submitted prior to be allowed to participate in any of the three camps.

Registration date: June 13 and 17

From 5:00 pm to 7:00 pm at the TENNIS COURTS.

All participants will receive a camp t-shirt.

Other giveaways: Shoes, rackets and other tennis gear.

Alberto Ramirez Mountlake Terrace High School Tennis Coach
Phone: 206 349 6713 email: ramireza@edmonds.wednet.edu

Assumption of Risk/Permission to Participate

As a parent or guardian of a student requesting to register for participation in the MLT High Schol Tennis Camp, I hereby acknowledge that I have read, understood, and agree to the following:

- 1. I acknowledge that the sport of Tennis entails many risks of injury, even when played in an instructional clinic environment. These risks of injury include, but are not limited to, death, serious neck and spinal injuries (which may result in complete or partial paralysis), brain damage, serious injury to virtually all internal organs, bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system and serious injury or impairment to other aspects of the body, general health, and well-being. _____
(Parent initial)
- 2. I further certify that my child has no medical or physical conditions which could interfere with his/her safety in this activity, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition. _____
(Parent initial)

Medical Information

The following special health problems should be noted: _____

In the event of an emergency, I wish the following person to be notified in case I cannot be contacted:

_____ Phone _____

Medical Release

In the event of an accident or illness, I understand that reasonable effort will be made to contact the parent/guardian immediately. However, if I am not available, I authorize the Edmonds School District to secure emergency medical care as needed.

Name of Preferred Doctor _____ Phone _____

Medical Insurance

I understand that I am assuming financial responsibility for medical expenses that may arise from my child's participation and that **the Edmonds School District requires but does not provide medical insurance for my child.** I certify that my child has current medical coverage under the following plan:

Health Insurance Carrier: _____ Plan Number (required): _____

All participants are required to have medical or student accident insurance. Student accident insurance is available through your school. Contact your school's main office, head coach, or school athletic trainer for information.

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Although I understand that the Edmonds School District will make reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in this activity, including physical injury and/or death. Being fully aware of the risks, I hereby give

permission for _____ who attends _____ to
(Student) (School)

participate in the MLT HS Tennis Camp, June 20-July 1, or July 4-15 or July 18-29, 2016 (date), for the purpose of practicing fundamental Tennis skills in order to enhance skill and performance level.

Parent/Guardian Name _____ Home Phone _____
(please print)

Address _____ Work Phone _____

Parent/Guardian Signature _____ Date _____