

Western Washington University
Tennis Camp Application

Camper Information

Name _____ Date of Birth _____ Age _____
Address _____ City _____ Zip _____
Phone _____ Gender: M F Grade entering in fall _____
Shirt Size (adult): Small Medium Large X-Large XX-Large
Number of Years & Type of Tennis Experience: _____

Parent/Guardian Information

Mother/Guardian _____ Day Phone _____
E-mail Address _____ Cell Phone _____
Campus Department (If applicable) _____ W# _____
Father/Guardian _____ Day Phone _____
E-mail Address _____ Cell Phone _____
Campus Department (If applicable) _____ W# _____

Emergency Contact Information

Name _____ Phone _____
Address _____
Name _____ Phone _____
Address _____

Camper Health Profile

Doctor's Name _____ Phone _____
Medical Insurance Carrier _____ Policy Holder _____
Policy Number _____

What Allergies does your camper have? (Medicine, Food, Insects, Plants, Etc)?

What Physical or mental Conditions does your camper have that should be shared with Care Givers?

What medications does your camper take (prescription and non-prescription) and how often?

Note: WWU Tennis Camp will not administer or keep any medication for campers.

Registration: Camp Dates are: _____ July 20-23 Beginner/Intermediate
_____ July 27-30 Advanced

Resident camper _____ (\$350.00) Day Camper _____ (\$250.00) Team Rate _____ (\$200.00)

How Did You Find Out About WWU Tennis Camp (circle all that apply):

- Team/Club Coach Other Players (who recommended you):
 Other: _____

Registration Instructions

- Complete Registration Packet (Application, Health Forms and Parent Release Form)
 \$100 Deposit or Full Camp Amount (Check or Money Order made out to WWU)
 Mail to: WWU Campus Recreation, Tennis Camp
516 High St., Bellingham, WA 98225-9098

Registration Information

- Registrations are taken in the order they are received. Registration packets will not be taken without all forms attached. If camp is full you will be put on a waiting list and payment will be returned.
 Once all paperwork is received you will receive a confirmation letter.
 Full camp payments must be made 2 weeks prior to camp. Only 50% of deposit will be refunded for cancellations.

For questions please contact us at 360-650-3766

Camp Equipment Needed

All campers must bring the following equipment to camp:

- 2 Rackets Swim Suit
 Appropriate Footwear for: Recreational Clothing
 Hard Courts Sleeping Material
 Turf Field
 Grass Field

Office Use Only:		
Deposit Amt.: _____	Date: _____	Check #: _____
Final Amt.: _____	Date: _____	Check #: _____

Parent/Guardian: Please Read Carefully and Sign Below

Camper's Name (Please Print) _____

Acknowledgment of Risk:

I hereby acknowledge that I have voluntarily chosen to allow my child to attend Tennis Camp at Western Washington University's Wade King Student Recreation Center. The activities for which my child may participate at Tennis Camp include, but are not limited to, Tennis, Climbing Wall, Open Recreation, Personal Training, Weight Training, Cardiovascular Training, Aquatic Activities and Games/Sports. **I understand the risks involved in Tennis Camp Activities.** I recognize that each Tennis Camp Activity involves risk of injury to my child and I agree to accept any and all risks associated with it, including but not limited to property damage or loss, minor bodily injury, serious bodily injury or death. I further recognize that my child's participation in Tennis Camp Activities may lead to minor or serious bodily injury to the head, neck and back; and possible injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal system; injury to internal organs; and injury or impairment to other aspects of the body, general health, and well-being. I understand the danger and risk of allowing my child to participate in Tennis Camp Activities may not only result in bodily injury, but also in impairment of my child's future abilities to earn a living; to engage in other business, social, and recreational activities; and generally to enjoy life. I also understand that my child's participation in Tennis Camp Activities involve risks incidental thereto, including but not limited to, travel to and from Tennis Camp Activities; limited availability of immediate medical assistance; and the possible negligent or reckless conduct of other children. By voluntarily allowing my child to participate in Tennis Camp Activities and with the knowledge of the risks involved, and hereby agree to accept any and all inherent risks of property damage, bodily injury, or death.

I further recognize that the risks to my child mentioned above may arise from, but are not limited to, the following circumstances:

- **Tennis** – Physical contact with other participants or playing surfaces, equipment failure, reckless conduct of other players, failure to follow game rules, improper coaching and poor technique.
- **Climbing Wall** - falls, equipment failure, bad decision making, poor technique, inattentive belayers, holds that have become loose or damaged by other climbers or from other unforeseeable circumstances, failure to follow rules, and failure to use belay.
- **Weight Training** – overstraining, errors in technique, inattentive spotters, equipment failures, falling objects, and failure to follow procedures.
- **Cardiovascular Training** - trip and fall, overexertion, improper equipment, improper technique, and uncontrollable natural elements.
- **Aquatic Activities** – Drowning, slip and fall, striking stationary objects, administration of first aid, failure to follow rules, and reckless conduct of other participants.
- **Games/Sports**-Physical contact with participants, surfaces, equipment, equipment failure, reckless conduct with other players, and failure to follow rules.

I understand there are other risks to my child that are not described above, not known to me now or not reasonably foreseeable at this time that are associated with the Tennis Camp Activities. However, I acknowledge and accept those risks as well.

I hereby give permission to the agents of WWU to transport my child on scheduled field trips, including those that will cross the U.S.-Canadian border.

Permission to Use Photograph or Likeness:

I hereby give my permission to Western Washington University to use my child's photographic image, in whole or in part, for Tennis Camp-specific public information and marketing activities at the discretion of Western Washington University.

Signature of Parent/Guardian _____

Hold Harmless:

In consideration of allowing my child to participate in Tennis Camp and to the fullest extent permitted by law, I agree to hold harmless WWU, its officers, directors, employees, agents, volunteers and assigns from and against all claims arising out of or resulting from my child’s participation in Tennis Camp. “Claim” as used in this agreement means any financial loss, claim, suit, action, damage, or expense, including but not limited to attorney’s fees, attributable to bodily injury, sickness, disease or death, or injury to or destruction of tangible property including loss of use resulting there from. In addition, I hereby voluntarily hold harmless WWU, its trustees, officers, directors, employees, agents, volunteers and assigns from any and all claims, both present and future, that may be made by my child, me, my family, estate, heirs or assigns.

I hereby expressly agree to hold harmless WWU, its officers, directors, employees, agents, volunteers and assigns for any claim arising out of or incident to my child’s participation in Tennis Camp, unless caused by the direct and sole negligence or willful misconduct of WWU.

Consent to Arrange Emergency Treatment:

I understand and acknowledge that on rare occasions an emergency may develop which necessitates the administration of medical care, dental care, hospitalization or surgery to my child. Therefore, in event of injury or illness to my child which necessitates emergency medical or dental care, I hereby authorize WWU, its staff in charge of Tennis Camp, to arrange any necessary emergency treatment including the administration of anesthetics and surgery to my child. In the event of injury that does not necessitate emergency medical care; I understand that WWU does not have facilities for the care of ill children.

Medical, Dental, Health and Insurance Responsibilities:

I understand and acknowledge that WWU cannot assume responsibility for determining the medical, dental or health condition of my child. Therefore, I have consulted with a medical doctor and/or dentist, as I have deemed necessary, with regards to my child’s individual medical or dental issues or needs, and find my child physically and mentally fit to participate in Tennis Camp. If my child is required to receive medical, dental or hospital services during Tennis Camp, I am aware that WWU cannot and does not assume legal responsibility for payment of such costs; rather, I hereby assure WWU that I have assumed all risk and responsibility thereof and that my child has the necessary insurance to meet any and all needs for payment of these services during Tennis Camp.

I understand that WWU does not have facilities for the care of ill children. I agree to keep myself readily accessible to pick up my child immediately when notified by WWU that my child is ill and can no longer participate in Tennis Camp.

I have read and understand this Acknowledgment of Risk and Hold Harmless, Consent to Arrange Emergency Treatment and Medical, Dental, Health and Insurance Responsibilities.

Name of Parent/Guardian of Child Listed Above (please print)

Signature of Parent/Guardian

Date

Camper Will Abide By Rules and Regulations:

My child agrees to abide by all Tennis Camp and WWU rules and regulations while attending Tennis Camp and will comply with all Tennis Camp staff instructions. My child understands that violation of the rules and regulations is grounds for immediate dismissal, without refund, and may subject the violator to prosecution.

Signature of Camper_____

Signature of Parent/Guardian_____