



Green Wave Tennis Camp

WHO: Boys and Girls entering grades 1-9

WHAT: 8th Annual Green Wave Tennis Camp

WHERE: Dover High School Tennis Courts

WHEN: July 25 –July 29, 2016

9am-12 – Grades 1-4

2-5pm – Grades 5-9

HOW MUCH: Cost is \$75 per player

Tennis camp is an introduction for beginning players, as well as a challenge for players with some experience. Coach Dan Casey, along with several high school players, will provide basic instruction, along with teaching FUN games and drills! Camp will include a T-Shirt for all campers. Campers are expected to bring racquets, water bottles, snacks, sneakers, and a great attitude!

-----Registration Form-----

Child _____ Grade _____

Child _____ Grade _____

Email Address _____

Name & phone number to call in emergency during event _____

Person authorized to pick up child(ren) *Please bring i.d.* _____

Participation Waiver

No refund given after activity begins. All persons participating in Dover Recreation programs do so at their own risk and without recourse to the City of Dover, its agents, officers or employees. A \$10 non-refundable administration charge included in all fees.

I, the undersigned, parent or guardian, do hereby agree to allow the individual(s) named above to participate in the activity, and I further agree to hold the City of Dover, Recreation Department harmless from and against any and all liability for any injury which may be suffered by the aforementioned individual arising out of his/her participation in this activity.

I, understand that in case of injury or illness, I will be notified. If it is impossible to contact me and if it is an emergency, I hereby give permission to the attending physician to treat, hospitalize, administer anesthesia, or to order injections or surgery for the safety of my child.

I, the parent/legal guardian, the undersigned have read this release and understand all its terms. I execute this release voluntarily and with full knowledge of its significance. I have executed this release on this date indicated next to my name. If needed please use back side.

☞Please indicate any medical concerns: medication(s) child is taking, swimming problems or other physical disabilities of which we should be made aware

We may be taking pictures of activities during any of our programs to use in our future publications. Please check if you would NOT allow use of these photos. **Do Not Allow the use of pictures**

Signed _____ Date _____

Checks made payable to Dover Recreation and mail with form to:

Dover Recreation
61 Locust St. Suite 124
Dover, NH 03820

Questions? Please call Dan Casey @ (603) 969-2554