

PACER JUNIOR TENNIS CAMP 2024

JUNE 11 – 13, 2024: 6 PM to 8 PM

AT THE HIGH SCHOOL COURTS (380 W. LINCOLN AVE.)

FOR GIRLS AND BOYS ENTERING GRADES K – 9

REGISTRATION FEE \$40.00



HOSTED BY AND BENEFITING THE HAYES HIGH SCHOOL TENNIS PROGRAM

PLAYERS SHOULD WEAR ATHLETIC CLOTHING, BRING A TENNIS RACKET, AND WATER

PLEASE EMAIL OR CALL COACH DEDE HIBINGER dedehib@aol.com 614-745-6798

OR COACH GARY HIBINGER hib200@aol.com 740-369-6438 with any questions.

REGISTRATION: PLEASE DETACH WAIVER BELOW AND SEND OR DROP OFF COMPLETED FORM BY **WEDNESDAY JUNE 5**. MAIL TO HAYES HS, 289 EUCLID AVE., DELAWARE, OH 43015 C/O DEDE OR GARY HIBINGER. CHECKS SHOULD BE MADE OUT TO **DELAWARE HAYES ATHLETIC BOOSTERS**

REGISTRATION FORM AND WAIVER

MY CHILD HAS MY PERMISSION TO ATTEND THE PACER YOUTH TENNIS CAMP. I HAVE NO KNOWLEDGE OF ANY PHYSICAL IMPAIRMENT THAT WOULD AFFECT MY CHILD'S PARTICIPATION IN CAMP ACTIVITIES. IN THE EVENT OF AN EMERGENCY IN WHICH MY CHILD REQUIRES MEDICAL CARE, I AUTHORIZE THE CAMP STAFF TO OBTAIN THE NECESSARY TREATMENT. I SPECIFICALLY CONSENT TO SUCH TREATMENT INCLUDING, BUT NOT LIMITED TO, HOSPITALIZATION AND WILL BE RESPONSIBLE FOR ANY MEDICAL COST IN CONNECTION WITH ATTENDANCE OF THE CAMP. I ACKNOWLEDGE THAT AT THE CAMP MY CHILD WILL PARTICIPATE IN A SPORT THAT INVOLVES PHYSICAL EXERTION. I SPECIFICALLY WAIVE AND RELEASE THE CAMP ALL STAFF FROM LIABILITY OF ANY INJURY THAT MY CHILD MAY INCUR DURING AND AFTER CAMP PARTICIPATION. I AUTHORIZE THE CAMP TO USE ANY PHOTOS OR NEWS ARTICLES ABOUT MY CHILD FOR PUBLICITY PURPOSES.

NAME _____

GRADE ENTERING _____

CONTACT/GUARDIAN _____

PHONE # _____

ADDRESS _____

EMAIL _____

CIRCLE TEE-SHIRT SIZE: YS YM YL YXL AS AM AL AXL

PARENT/GUARDIAN SIGNATURE _____