

**Binghamton Ultimate Tennis Camp
2010 Summer Camp Application**

Name: _____

T-Shirt Size: (Adult Sizes) S M L XL

Age and Grade entering in fall: _____

Emergency Contact: _____

Address: _____

Emergency Phone #: _____

Date of Last Physical: _____

Parent/Guardian: _____

Insurance Provider: _____

Home Phone: _____

Insurance Policy #: _____

Cell Phone: _____

Email Address: _____

Date of Birth: _____

Gender: Male Female

Please check the week(s) the camper will be attending:

July 5-8 July 12-15 *Full July 19-22* July 26-29 (Mon – Thurs: 9 am to 11:30 am, \$175 per week)
Tournament Tough Camp August 9-11 (Mon – Wed: 9 am to 11:30 am, \$75)

Skill Level: Beginner, Advanced Beginner, Intermediate, Advanced, True Blue

Official Team Merchandise: (Adult Sizes Only) Visor (Green, \$15) Hat (Green, \$15)

Note: Any serious violation of camp regulations (damage to school property, disrespect to any coaches or other campers or any other behavior deemed a detriment to the camp) will result in the immediate dismissal of the camper. If a camper withdraws from the camp, there will be NO refund.

MEDICAL CONDITIONS

Please list any physical condition that the camp should be aware of: _____

RELEASE

I understand that my child is engaging in a physical fitness program, which may include exercises to build the heart and lungs, muscle endurance, strength and flexibility, and improve body composition. Exercises may include, but not limited to, aerobic activities, calisthenics, weight lifting to improve muscular strength and endurance, and flexibility exercises to improve joint range of motion. I understand that participation in this program is at the campers risk, and at no time will I hold Binghamton University or the Director of this camp liable for any injuries that might occur during workout sessions, or on any later date. I will be responsible for all medical charges in connection with my child's attendance at the Binghamton Ultimate Tennis Camp. I also give my permission for the Athletic Trainer to address any illness or injury that may occur while the child is at the Binghamton Ultimate Tennis Camp.

Parent/Guardian Signature: _____ **Date** _____

Make Checks Payable to: **BU Tennis Camp**

Please Return Checks and Applications to:
BU Tennis Camp
Binghamton University, Events Center
P.O. Box 6000
Binghamton, NY 13902