

FLOUR BLUFF HORNET TENNIS CAMP

WHO: Incoming 6th - 8th graders

DATES: June 5th - June 8th 2017 (Tue - Fri)

TIME: 8:30 - 11:00am

PLACE: Hornet Tennis Courts

FEE: \$50.00

WHAT TO BRING: Tennis racquet, hat, sunscreen, and water jug.

DEADLINE: May 29, 2017

REGISTRATION: Please send your registration form along with \$50 to:

Flour Bluff Athletic Dept.; C/O: Coach Bonds 2505 Waldron Rd. C.C. TX 78418

Make check payable to Athletic Dept. Tennis

(If registering for multiple camps, please make separate checks payable to each camp.)

For additional information: Contact Coach Bonds at 694-9722

Campers will need to submit the following forms before participation

1. Physical from a doctor, must be on a FBISD official physical form (copy not originals)
2. Waiver of claims signed by parent (bottom of form)
3. Registration form. (please submit as soon as possible)

(PLEASE RETURN REGISTRATION FORM WITH CHECK)

TENNIS 2017 SUMMER CAMP REGISTRATION FORM

Shirt Size: (circle one)

Name: _____ Grade Next Year: _____ YS YM YL **or** Adult: S M L XL

HOME ADDRESS: _____ CITY/ZIP: _____

PARENT (S) NAME: _____ HOME: (361) _____

WORK: (361) _____ CELL: (361) _____ DOCTOR'S: (361) _____

Please list any medical concerns if any: _____

WAIVER OF CLAIMS: I, as parent or guardian, hereby give permission for my child to participate in the Flour Bluff Hornet Junior Development and acknowledge the fact that he/she is able to participate in camp activities. I hereby authorize Flour Bluff ISD and the directors of the Flour Bluff Hornet Junior Development to act for me according to their best judgment in any emergency requiring medical attention. I also assume any and all other risks associated with participating in junior development, but not limited to falls, contact with other participants effects of the weather, including high heat/humidity. I also understand the risk of my child participating with other children of varied skill levels, abilities, and age differences. I acknowledge I will be responsible for any cost (through family medical insurance or otherwise) incurred due to sickness or injuries to my child/myself. I hereby agree to release, discharge and forever hold FBISD, its board members, employees, agents, officers, directors, heirs, assigns and legal representatives harmless from any and all claims, demands or suits, known or unknown, fixed or contingent, liquidated or unliquidated, arising from my child's my own participation in UIL and FBISD approved sports.

Signature of Parent/Guardian _____ **Date** _____

Signature of Student _____ **Date** _____

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