



## Tennis Camp

**Where:** Crosslin Park Tennis Courts

**When:** June 7<sup>th</sup> and 8<sup>th</sup>, 2022

**Thursday, June 7<sup>th</sup>**

**9:00 am – 11:00 am – Ages 8-11**

**Friday, June 8<sup>th</sup>**

**9:00 am to 11:00 am – Ages 12-15**

**Cost:** \$10

### **Skills Covered at Camp:**

Tennis Technique:

-Forehand

-Backhand

-Serves

### **Contact with Questions**

Wade Rogers (918)815-5482

[warogers@enidk12.org](mailto:warogers@enidk12.org)

### **Mail Registration To:**

Enid High Tennis

Attn. Wade Rogers

611 W. Wabash

Enid, OK 73701

Registration deadline for shirt sizes: May 30th

Tennis racquets provided if needed

**\*\*\*Walk up registration available\*\*\***

Name \_\_\_\_\_ Grade (2021-22) \_\_\_\_\_

School Attending next year \_\_\_\_\_

T-Shirt Size (circle one) YS YM YL AS AM AL AXL

**PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER**

Participant's name: \_\_\_\_\_

Birth date: \_\_\_\_\_

Parent/Guardian's name: \_\_\_\_\_

Home address: \_\_\_\_\_

Cell phone: \_\_\_\_\_

I, \_\_\_\_\_, grant permission for my child, \_\_\_\_\_, To participate in the Enid Plainsmen Tennis Camp. This activity will take place under the guidance and direction of school employees and/or volunteers from Enid High School. A brief description of the activity follows:

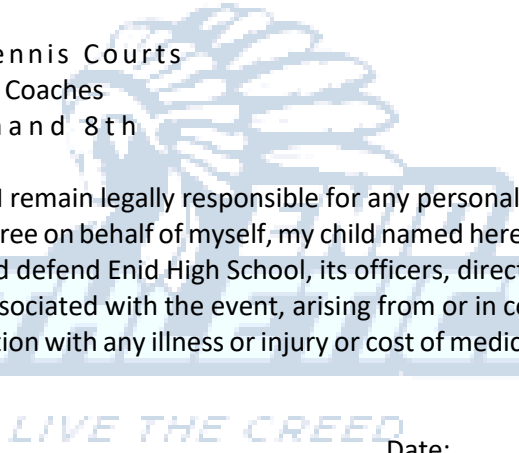
Type of event: Sport Camp

Location(s): Crosslin Park Tennis Courts

Individuals in charge: EHS Tennis Coaches

Duration of activity: June 7th and 8th

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend Enid High School, its officers, directors and agents, coaches, chaperons, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection Therewith.



Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICAL MATTERS:** I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

**Emergency Medical Treatment:** In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name/relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Family doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Health Plan Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Specific Medical Information:**

Allergic reactions (medications, foods, plants, insects, etc.): \_\_\_\_\_

Does child have a medically prescribed diet? \_\_\_\_\_

Any physical limitations? \_\_\_\_\_

Special Medical Conditions that the coaching staff should be aware of: \_\_\_\_\_