



# Ramapo Tennis at Rustic Brook 2018

7 Rustic Drive, Airmont, NY 10952 (845)357-2900 (in season)

## PARENT/GUARDIAN INFORMATION:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Full Address: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

## PARTICIPANT INFORMATION:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: M F \*RT Seasonal Member: \_\_\_\_\_ Daily/Non – Member: \_\_\_\_\_

## EMERGENCY CONTACT:

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

**MEDICAL INFORMATION:** Please complete all question in necessary detail for your child’s welfare & enjoyment.

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any allergies (bee stings, foods, medications, etc.): \_\_\_\_\_

Medications or Precautions necessary for the allergy? \_\_\_\_\_

Will your child be required to use an inhaler during camp hours? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Medical Comments – Limitations for camp activities (i.e. physical, visual, auditory, etc.): \_\_\_\_\_

<b>TENNIS CAMP</b> Entering grades 2 - 10		<input checked="" type="checkbox"/> <b>Check for Morning</b> Session Fee: Member \$250/NM \$280		<input checked="" type="checkbox"/> <b>Check for Full Day</b> Session Fee: Member \$400/NM \$430	
<b>Session 1</b>	June 25 – June 29		9:00am – 12:00pm		9:00am-4:00pm
<b>Session 2</b>	July 30 – August 3		9:00am – 12:00pm		9:00am-4:00pm
<b>Session 3</b>	August 6 - 10		9:00am – 12:00pm		9:00am-4:00pm
<b>Session 4</b>	August 13 - 17		9:00am – 12:00pm		9:00am-4:00pm
<b>Session 5</b>	August 20 - 24		9:00am – 12:00pm		9:00am-4:00pm
<b>10 &amp; UNDER TENNIS PROGRAM</b> Session Fee: Member \$250 / NM \$280		Tuesdays & Thursdays 5 - 6pm			
		<b>SESSION 1</b> July 10, 12, 17, 19, 24, 26		<b>SESSION 2</b> August 7, 9, 14, 16, 21, 23	
<b>HIGH PERFORMANCE TRAINING</b> with the Rockland Tennis Academy Fee: Member \$250 / NM \$300		Saturdays May 12, 19, 26 June 2, 9, 16, 23			
		<b>INTERMEDIATE</b> 1:00 – 3:00pm		<b>ADVANCED</b> 3:00 – 5:00pm	

Please Make Checks Payable To: **TOWN OF RAMAPO**

**TOTAL FEES:** \_\_\_\_\_

**A \$20.00 FEE IS IMPOSED ON ALL CHECKS RETURNED FROM A BANK FOR ANY REASON.**

**CANCELLATION REQUESTS MUST BE MADE A MINIMUM OF ONE WEEK PRIOR TO START DATE OF PROGRAM TO BE ELIGIBLE FOR A REFUND.**

I authorize that the above information is accurate and current, and all information has been filled out by the appropriate parties. In the event that I cannot be reached and an emergency occurs, I hereby give permission to the physician selected by the Town to hospitalize and secure treatment for my child. I understand that the Town of Ramapo does not offer accident insurance and my personal insurance bear’s primary responsibility in case of an accident. I authorize the use of photos for promotional purposes.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date