



2021

RAMAPO TENNIS ACADEMY at RUSTIC BROOK

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

EMERGENCY CONTACT:

Name: _____ Telephone #: _____

MEDICAL INFORMATION: Please complete all questions 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? _____

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

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

TENNIS ACADEMY entering grades 2 - 10		✓ Select Sessions	Member: \$250/NM: \$280
Session 1	June 28 - July 1		9:00am – 12:00pm
Session 2	July 5 – July 8		9:00am – 12:00pm
Session 3	July 12 - July 15		9:00am – 12:00pm
Session 4	July 19 - July 22		9:00am – 12:00pm
Session 5	July 26 - July 29		9:00am – 12:00pm
Session 6	August 2 - August 5		9:00am – 12:00pm
Session 7	August 9 - August 12		9:00am – 12:00pm
Session 8	August 16 - August 19		9:00am – 12:00pm
Session 9	August 23 – August 26		9:00am – 12:00pm

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