



# 2022 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	MONDAY-THURSDAY SCHEDULE	✓ Select Sessions	Member: \$250/NM: \$280
Session 1	June 27 – June 30	<input type="checkbox"/>	8:30am – 12:30pm
Session 2*	July 5 – July 8* TUES-FRI	<input type="checkbox"/>	8:30am – 12:30pm
Session 3	July 11 - July 14	<input type="checkbox"/>	8:30am – 12:30pm
Session 4	July 18 - July 21	<input type="checkbox"/>	8:30am – 12:30pm
Session 5	July 25 - July 28	<input type="checkbox"/>	8:30am – 12:30pm
Session 6	August 1 – August 4	<input type="checkbox"/>	8:30am – 12:30pm
Session 7	August 8 - August 11	<input type="checkbox"/>	8:30am – 12:30pm
Session 8	August 15 - August 18	<input type="checkbox"/>	8:30am – 12:30pm
Session 9	August 22 – August 25	<input type="checkbox"/>	8:30am – 12:30pm

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