

# WEST ISLIP TENNIS



## CAMP



## 2018



George Botsch Varsity Tennis Coach: 631 252 4051

**SESSION 1:** Mon-Thurs June 25-28    **SESSION 2:** Mon-Fri July 2-6

\*Class A - 8:30am - 10:00am (age 7- 12)    \*Class A - 8:30am - 10:00am (age 7- 12)

\*Class B- 10:00am - 11:30 (ages 13-17)

**\*\*\*\*\*No previous tennis experience necessary\*\*\*\*\***

**LOCATION:** W.I.H.S. Courts behind- P.J. Bellew Elementary on Higbie Lane

**Rain Emergency Plan:** Students picked up at West Islip Library

**REGISTRATION:** Please check the appropriate box and return this form with your check by: **FRIDAY JUNE 15<sup>th</sup>, 2018.**

**\$90 PAYABLE TO:**    West Islip Tennis Corp.

**SEND TO:**                    West Islip Tennis  
   P.O. Box 467  
   West Islip, N.Y. 11795

**Cut:** -----

**Session:** 1 \_\_\_\_\_ 2 \_\_\_\_\_    **Class:** A \_\_\_\_\_ B \_\_\_\_\_    **Student's Name**

\_\_\_\_\_ **Age** \_\_\_\_\_

**Cell Phone Number:** \_\_\_\_\_

**T - Shirt:** Child L \_\_\_\_\_ Adult S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_

**Parent's Signature** \_\_\_\_\_

**INSURANCE:** Camp insurance is secondary to your primary insurance.

\*\*\* Amateur Athletic Minor Waiver and Release of Liability, In consideration of being allowed to participate in the West Islip Tennis Program, the signed acknowledges and fully understands that the activities he/she will be engaged in involves the risk of injury. I also realize that any medical expenses incurred during camp participation must first go through your primary insurance then through the camp insurance.

**Please Sign:** X \_\_\_\_\_

**Camp not affiliated with West Islip Schools**