![C:\Users\Park and Rec\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\R7QUR169\MC900434789[1].png]()

**High Desert Park and Rec Tennis Camp 2024 Grades 4th-12th**

Tennis Camp will be June 10th-14th at the Tennis Courts next to the pool in Anderson Park.  Times are from 10-12pm, if there are any changes in times, we will keep you updated.  We are currently working on some pickleball instruction during this time as well. There will be extra tennis rackets and balls to share.  This is a super fun camp that teaches the kids the basic rules and technicalities of the game.  Open to grades 4-12th.

Practices times will be determined by the number of participants that sign up for camp, age groups may need to be split into different hours. You will be notified on times as soon as possible.

Deadline for sign-ups is June 7th by 5pm.

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**FEE:** **$25.00**

Last Name First Name Date of Birth Grade

Boy Girl Email Address:

Address (street) (mailing)

City State Zip Home Phone

Person/Address/Phone to notify in an event of an emergency.

Another Person/Address/Phone to notify in an event of an emergency.

Doctor/Phone to notify in event of an emergency.

**IMPORTANT!!!**

I agree that I, the registrant, will abide by the rules of High Desert Park & Recreation, its affiliated organizations, and sponsors. Recognizing the possibility of physical injury associated with playing a sport, I hereby release, discharge and/or otherwise indemnify the High Desert Park & Recreation, its affiliated organizations and sponsors, their employees, coaches, and associated personnel, including the owners of the fields and facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrant’s participation in the programs and/or being transported to or from the same, which transportation I hereby authorize.

Name (please print) Signature Date

(Parent if registrant is under 18)

**CONSENT FOR MEDICAL TREATMENT:**

I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of the registrant.

Signature Date

(Parent if registrant is under 18)