

TENNIS CAMP REGISTRATION FORM

Last Name: _____
 First Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Date of Birth: _____ Age: _____
 Emergency Phone: _____ Entering grade _____ in Fall '09
 E-mail Address: _____
 School: _____ No. years of tennis played: _____
 Name of Coach: _____

Please indicate the camp session you are registering for:

- 3-WEEK COMPLETE CAMP RATE*** \$600
 Camp held each week day from July 27 – August 14
- FULL WEEK CAMP RATE****
- Monday – Friday, July 27 – July 31** \$220
- Monday – Friday, August 3 – August 7** \$220
- Monday – Friday, August 10 – August 14** \$220
- SINGLE DAY CAMP RATE** \$55/day
 Attend any day(s) during camp from July 27 - August 14
- 3-DAY CAMP RATE** \$150

*Total enclosed less discounts (see back panel for details) \$

*3-Week Complete Camp registrations and full payment must be received by July 25, 2009.

**Full Week Camp registrations and full payment must be received five days prior to the start of that camp session.

I hereby request that my child be admitted to the UB Tennis Camp and authorize the directors or any member of the staff to act for me according to their best judgement in any emergency requiring medical attention for which I will pay all costs. I understand that any camper who does not abide by the rules and regulations of the camp is subject to dismissal without reimbursement or recourse.

I have read and hereby accept the conditions described on this brochure.

 Parent signature Date

2009 UNIVERSITY AT BUFFALO BOY'S & GIRL'S TENNIS CAMPS



Register online at www.ubcamps.com
 or mail application, payment and completed medical form to:

2009 UB TENNIS CAMP
 University at Buffalo
 121 Fargo Building • Buffalo, New York • 14261

WAIVER FORM RELEASE FOR MEDICAL TREATMENT

Please complete this application carefully and fill out all of the information. Your admittance to the camp may be delayed if the information is incomplete.

Name: _____

Date of Birth: _____ Sex: _____ Age: _____

Health History: Please list ANY allergies, disease, medications, special needs, restrictions and/or limitations. Please include a separate sheet if you need more space.

List date(s) of immunization against the following:

- _____ Diphtheria
- _____ Haemophilus Influenza Type B
- _____ Measles
- _____ Mumps
- _____ Poliomyelitis
- _____ Rubella
- _____ Tetanus
- _____ Varicella

Family Physician's Name: _____

Physician's Phone Numbers: _____ (Day) _____ (Evening)

Parent/Guardian Health Insurance Company: _____

Policy Number: _____

Address: _____

Parent/Guardian Authorization:

This health history is correct to the best of my knowledge, and the person herein as described has permission to participate in all camp activities except as listed above. In the event that I can not be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for and order injection, anesthesia, or surgery for my child as named above.

My son/daughter has had a physical recently and may participate in all activities at the UB Camp. I give permission for my son/daughter to be treated by a certified athletic trainer or licensed physician. I further agree that the UB Camp staff should be held harmless from and indemnified against any and all liability, cost claims, loss or damage which it or they may incur as a result of an accident or injury to my child.

 Parent/Guardian Signature (Required) Date

Please note: NCAA rules prohibit representative of UB's athletics interests (a booster) who is not naturally or legally responsible for a prospective student-athlete (grades 9-12) from providing any expenses to attend a camp or clinic. Violations of this could result in loss of NCAA eligibility for the prospective student-athlete. If you have questions regarding this or any other NCAA rule, please contact the UB Office of Compliance at (716) 645-3146.

A FULL TIME ATHLETIC TRAINER WILL BE AVAILABLE AT ALL TIMES