



Fon du Lac Park District is offering a Youth Tennis Camp with a focus on games and fun tennis drills! Children in grades K-2 and 3-5 groups will be introduced to tennis using the 10 & under format. They'll play with smaller nets, modified court sizes, and low pressure tennis balls to make it easier to learn and play right away. Those in the middle school group will be introduced to the game in a fun, easy-going environment.

<p>Camp Dates:</p> <ul style="list-style-type: none"> Monday, June 19th - Friday, June 23rd Monday, July 10th - Friday, July 14th <p>Register by Monday, June 12th Register by Monday, July 3rd</p>	
<p>Times:</p> <ul style="list-style-type: none"> Kindergarten through 2nd grade <ul style="list-style-type: none"> ○ 5:30 - 6:15 pm 3rd grade through 5th grade <ul style="list-style-type: none"> ○ 6:30 - 7:30 pm 6th grade through 8th grade <ul style="list-style-type: none"> ○ 7:45 - 8:45 pm 	<p>Costs / Registration:</p> <ul style="list-style-type: none"> \$20 Resident / \$25 Non-resident for each camp session (\$5 off each additional family member registered for same session) Registration forms will be accepted by dropping off at the Fon du Lac Park District Administration Center or mail in.
<p>Location:</p> <ul style="list-style-type: none"> The Park District Tennis Courts located in the Bradley Smith Park 300 block Springfield Road in EP. <p>Equipment Needed:</p> <ul style="list-style-type: none"> Players will need to bring their own tennis racquet. Gym clothes and athletic shoes are a requirement. Campers should bring a water bottle each day. 	<p>Contacts:</p> <ul style="list-style-type: none"> Sharon Klein <ul style="list-style-type: none"> ○ (309) 694-0996 (call before 8 pm) ○ Email: smgeorge4@msn.com Rocky Boyer <ul style="list-style-type: none"> ○ Park District Sports Coordinator ○ (309) 699-3923 ○ Email: rocky@fondulacpark.com
<p>REGISTRATION FORM ATTACHED</p>	

Youth Tennis Camp

Return this form with payment to:
 Fon du Lac Park District Administration Center
 201 Veterans Drive, East Peoria, IL 61611

Check Session Attending:

Session #1 (June 19 - June 23) – Register by 6/12/17

Session #2 (July 10 - July 14) – Register by 7/3/17

Name:			Gender: <input type="checkbox"/> BOY <input type="checkbox"/> GIRL	
Birth Date:	Age:	Grade:	School:	
Address:		City:	Zip:	
Email:				

Parent / Guardian Contact Information:

Primary Phone #

Other Phone #

Name:		
Name:		

Tennis Camp Contacts:

Sharon Klein (309) 694-0996 smgeorge4@msn.com / **Rocky Boyer** (309) 699-3923 rocky@fondulacpark.com

OFFICE USE ONLY FEES: \$20 Resident / \$25 Non-resident | \$5 off for each additional family

Amount Paid: \$	<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Charge	Date Paid:
Please make checks out to Fon du Lac Park District	Special:	Employee Initial:

PROGRAM WAIVER:

Please read this form carefully and be aware in registering yourself, your child or ward for participation in this program you will be waving and releasing all claims for injuries you or your minor child/ward might sustain arising out of this program. As a participant in the program or parent/guardian of a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages, or loss which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program. I agree to waive and relinquish all claims I or my minor child/ward may have as a result of participating in the program against the Park District and its officers, agents, servants, and employees. I do hereby fully release and discharge the Park District and its officers, agents, servants and employees from any and all claims from injuries, including death, damage or loss which I or my minor child/ward may have or which may accrue to me or my minor child/ward on account of my participation in the program. I further agree to indemnify and hold harmless and defend the Park District and its officers, agents, servants and employees from any and all claims resulting from injuries, including death, damages and losses sustained by me or my minor child/ward and arising out of, connecting with, or in any way associated with the activities of the program. In case of accident or sickness, I consent to emergency medical care provided by ambulance or hospital personnel. I hereby consent to use my photograph in Park District brochures, publications, slide presentations, etc. I have read and fully understand the above program details and waiver and release of all claims.

Parent / Guardian Signature: _____ **Date:** ____/____/17

ATTENTION PARENTS: It is your responsibility to notify the Park District of any medical conditions that are affected by athletic activities. Examples of these conditions are asthma or diabetes.

_____ initials of parent/guardian who has read and understands the above statement.