



PROVIDENCE ACADEMY



2009 Lake Minnetonka Junior Tennis Camp Registration

Conducted by Howard Johnson, Northwest Tennis and USPTA Pro

Open to boys and girls, ages 7-18. The camp is open to all levels! Beginners/Advanced Beginners/Intermediate and Advanced levels are welcome! Private and Semi-Private (4-5 participants/group).

PARTICIPANT INFORMATION

First Name: _____ Last Name: _____
Sex (please circle): M F Birth Date: ____/____/____ Grade in Fall 2009: _____
School Attending in Fall 2009: _____

Each tennis lesson is 1.5 hours long. There are 3 lessons/ for each of the 3 week sessions. Select the session and times that best fits your schedule. There are four sessions to choose from.

- Session I: June 8 – June 26 (M, W, F)
 9:00-10:30 10:30-12:00 12:00-1:30 1:30-3:00 3:00-4:30
- Session II: June 29 – July 17
 9:00-10:30 10:30-12:00 12:00-1:30 1:30-3:00 3:00-4:30
- Session III: July 20 – August 7
 9:00-10:30 10:30-12:00 12:00-1:30 1:30-3:00 3:00-4:30
- Session IV: August 10 – August 14 (1 week)
 12:00-1:30 1:30-3:00 3:00-4:30

Private Lessons are also available for \$80/hour:

Preferred Days: 1st choice: _____ 2nd choice: _____
Preferred Times: 1st choice: _____ 2nd choice: _____

MEDICAL HISTORY

Primary Care Physician: _____

Phone: _____ Facility/Clinic: _____

Address: _____

Indicate all medical conditions that apply:

_____ Asthma _____ Heart Condition _____ Chronic Stomach Upset
_____ Dizziness _____ High Blood Pressure _____ Joint Problems
_____ Hay Fever _____ Back Problems _____ Diabetes
_____ Allergies (list all): _____

Previous operations or serious illness: _____

Current medications (list all): _____

Does the camper have any special needs that we should be aware of? _____

HOUSEHOLD/ADULT PRIMARY CONTACTS

Relationship to Participant: _____ Mother _____ Father _____ Guardian

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternate Phone: _____

Email Address: _____

Relationship to Participant: _____ Mother _____ Father _____ Guardian

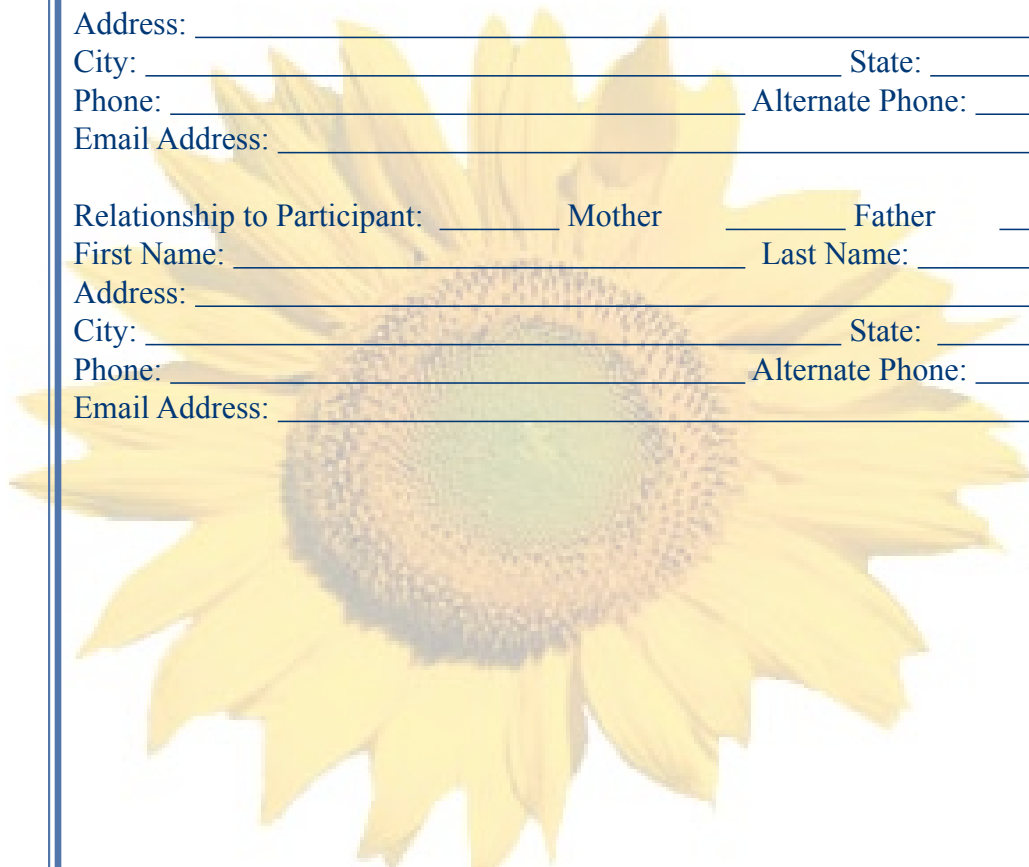
First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternate Phone: _____

Email Address: _____



COMPLETING REGISTRATION

How did you learn about Providence Academy's Summer Program?

_____ School's E-Bulletin

_____ School's Website

_____ School's *The Lions' Pride*

_____ Postcard mailed to my home

_____ Ad in *MN Parents*

_____ Other: _____

Total fees for all campers: \$_____.

Please make checks payable to Providence Academy if your child is not a current Providence Academy student. Payment is due 3 weeks before the camp's start date.

Waiver of Consent

We/I consent to the following conditions (unless otherwise notified in writing): 1) Permission to Providence Academy, its official representatives and assigns, the irrevocable and unrestricted right to use and publish photographic images of my child participating in the PA summer camp(s) in which the Student might be included, for editorial, trade, advertising, and any other purpose and in any manner and medium. I hereby release Providence Academy and its official representatives and assigns from all claims and liability relating to said photographs. 2) Permission to transport my child via bus, van or on foot during a Providence Academy Summer Camp. 3) Permission, when I cannot be contacted, to transport my child to the emergency room or closest medical facility at my own expense. The medical personnel have my permission to provide treatment as deemed necessary. We/I release Providence Academy staff from any and all liabilities for injuries sustained while in any class or camp.

Primary Parent's or Guardian's Signature

Date

Mail or fax this completed form to:

Summer Camp Registrar
Providence Academy
15100 Schmidt Lake Road
Plymouth, MN 55446

Phone: (763) 258-2500 Fax: (763) 258-2501

