

**Youth Tennis Camp
sponsored by
Bellevue Lady Red
Tennis Team**

June 4th, 5th, and 6th

Location: Bellevue High School Tennis Courts

For: Any boy or girl entering 6th through 9th grade

Times: Grades 6th-9th ; 9:00AM-11:00AM

Concepts taught: control, groundstrokes, serves, gameplay

Contact Information:

Girls' Coach: Sue Eastman (419-217-0238)

Susan.Eastman@bellevueschools.org

Cost: \$20.00 per player

this will include a T-shirt and drink.

**Register before June 1st -Registration Forms available in Middle School and
High School Offices**



****Rackets will be available, but bring your own if you want****

****No prior tennis experience needed, we will develop you****

****The most fun you will have all June ****

****Rain date will be June 7th****

PLEASE PRINT ALL INFORMATION:

If you are registering more than one camper, please use separate registration forms.

Camper's Last Name: _____ **First Name:** _____ **MI:** _____

Age: _____ **Grade:** _____ **School:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____

Parent/Guardian Name(s): _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Email: _____

Home Phone: _____ **Cell Phone:** _____

Other Phone: _____

Liability Waiver

I understand that my child, (child's name _____) will be participating in the Bell High School Tennis Camp on _____. Since this is a voluntary program, I will not hold the school, staff members, or cheer team members liable for any accidental injury, which may occur. In case of a medical emergency, I do give consent for my child to be treated at the nearest emergency room.

Please list any allergies or health concerns we should be made aware of for your child, and any required special medications or treatments: _____

Is there anything else we should know about your child? _____

Parent/Guardian Signature _____

Date _____

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For Office Use Only:

Payment: _____ **# Check** _____ **Cash**

Tshirt: **S** **M** **L**