



Youth Tennis Summer Camp 2024

Send completed Registration form to tennis@nstennis.com or call 978-745-5997

Choose up to six weeks:

___ July 8-12 ___ July 15-19 ___ July 22-26 ___ July 29-Aug 2 ___ Aug 5-9 ___ Aug 12-16

Space is limited, ages 6-12 welcome, mornings 9-Noon, indoors at
Northshore Tennis, 98 Swampscott Rd, Salem 01970

\$300 per child per week payable to Northshore Tennis www.nstennis.com

Payment & Form needed to confirm Registration

YOUTH NAME _____ AGE _____

ADULT NAME _____

TELEPHONE _____

ADDRESS _____

EMAIL _____

EMERGENCY CONTACT NAME & PHONE (if different than Adult)

I certify that my child is physically able to participate in the Camp and that I know of no restrictions, physical impairments, or any other condition, which would limit his or her participation in this program. I give permission for my child to receive emergency medical treatment, if necessary. I understand that every attempt will be made to contact me, or the emergency contact named above, before taking this action. I UNDERSTAND THAT THERE IS RISK OF INJURY AS A RESULT OF CAMP ACTIVITIES, AND KNOWINGLY AND VOLUNTARILY ASSUME ALL RISK OF SUCH INJURY. I will be financially responsible for any medical attention needed during camp or resulting from an injury received at camp.

Parent/Guardian Signature

Date