

# Delaware Valley Tennis Camp

**Who: Instructed by Varsity Tennis Coaches**

**Players entering 1<sup>st</sup> grade to 8<sup>th</sup> grade (players will be grouped according to experience level at camp)**

**When: Monday to Thursday Morning 8AM to 11AM**

**Week of August 1<sup>st</sup> – 4<sup>th</sup>**

**Cost \$ 100.00 per camper**

**Payment due by July 1<sup>st</sup> to ensure you get a t-shirt (let coach Quinn know what size)**

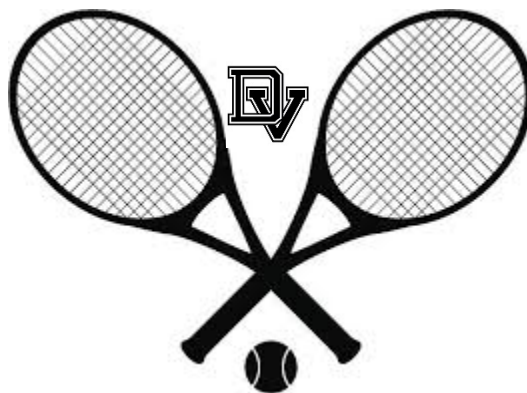
**Cash or Checks payable to: Friends of Warrior Tennis**

**Players will go through small group lessons that are based on the fundamentals of tennis skill and strategy. Fair play will be stressed along with good sportsmanship. Players will also be involved in competitive play sessions and games.**

**What to bring: Water bottle, snack, tennis racquet (a racquet can be borrowed during camp)**

**What to wear: shorts, t-shirt, sneakers, sunscreen (hat, sunglasses optional)**

**Please Return Form to Coach Quinn, you may also reserve your spot with an email to [quinnk@dvsd.org](mailto:quinnk@dvsd.org) (spots are limited, first come first serve)**



# Delaware Valley Tennis Camp

## Contact Information

Camper Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #:(            ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Grade in 2022-2023 School Year: \_\_\_\_\_

## Parent/Guardian Authorization

I hereby approve of my child's attendance to the DV Tennis Camp and certify that he/she is in good health and able to participate in the program. I authorize that the director act for me according to his/her best judgment in any emergency requiring medical attention. I understand, should an emergency condition arise, I will be contacted during the physical exam. If I am not available, I authorize you to contact:

Name of Physician: \_\_\_\_\_

Emergency Phone #: (        ) \_\_\_\_\_

Parent Contact: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_

Signature/Date: \_\_\_\_\_

