

# TENNIS SKILLS CAMP

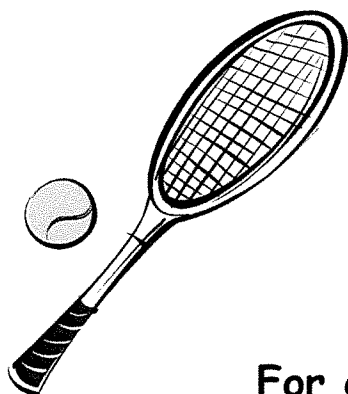
Where: Waterloo High School Tennis Courts

June 5<sup>th</sup> - 8<sup>th</sup>

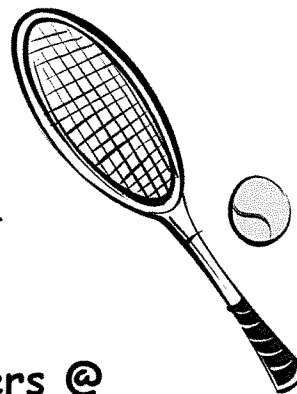
3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup> Grade: 5:30 p.m.-6:25 p.m.

7<sup>th</sup>, 8<sup>th</sup>, and 9<sup>th</sup> Grade: 6:30 p.m.-7:30 p.m.

(Sign up your child for the grade level they will be entering during the 2017-2018 school year).



**\$40.00 per player**  
**(Includes T-shirt)**  
Make checks payable to WHS Tennis.



For questions, contact Coach Ivers @  
[bivers@wcusd5.net](mailto:bivers@wcusd5.net) or 939-3457.

Please turn in money and waivers by May 17 to Coach Ivers at Waterloo Junior High, the Gardner Office, or the Rogers Office.

Late registrations will be accepted the day of camp, but a t-shirt may not be available.

**GO BULLDOGS!!!!!!!!!!!!!!!!!!!!!!!!!!!!**

# TENNIS SKILLS CAMP

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

Please mark the grade level they will be entering during the 2017-2018 school year.

3<sup>rd</sup> Grade \_\_\_ 4<sup>th</sup> Grade \_\_\_ 5<sup>th</sup> Grade \_\_\_ 6<sup>th</sup> Grade \_\_\_ (5:30 p.m.-6:25 p.m.)

7<sup>th</sup> Grade \_\_\_ 8<sup>th</sup> Grade \_\_\_ 9<sup>th</sup> Grade \_\_\_ (6:30 p.m.-7:30 p.m.)

T-Shirt Size: **Youth** - M L XL **Adult** - S M L XL

Parent/Guardian: I verify that my child has received a physical examination during the previous school year and is able to participate in tennis camp. I give permission for my child to be treated by the appropriate medical personnel for any illness/accident while at camp.

I can be reached by phone at: \_\_\_\_\_

Please indicate any special medical problem (medicine, injury, and allergies), which we should be aware of:  
\_\_\_\_\_

The undersigned (parent/guardian) understands that the tennis camp will consist of physical activities that contain an inherent risk of physical injury and assumes the risk and releases the Waterloo Community School District #5, its coaches and employees and guest coaches from any and all liability for injury arising from the applicant's participation in practice. I hereby grant permission for my child to attend the skills camp. I affirm that my child is in good physical health and has health and accidental coverage.

Parent/Guardian Signature: \_\_\_\_\_

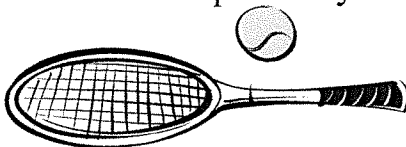
Date: \_\_\_\_\_

\$40 cash \_\_\_\_\_ or check # \_\_\_\_\_ (make payable to WHS Tennis)

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**Please turn in money and waivers by May 17 to Coach Ivers at Waterloo Junior High, the Gardner Office, or the Rogers Office.**

Check the box if you need WHS to provide your son/daughter a racquet for camp.



Return only this side of the registration form.

