**2018 Sherrill Summer Youth Tennis Camp**

**Noyes Park Tennis Court**

**8 Sessions: Monday July 9 - Thursday July 12**

**Monday July 16 -Thursday July 19**

**Times: Entering 1st-3rd grades- 1:30-2:15pm**

**Entering 4th-6th grades- 2:15-3pm**

**Entering 7th-12th grades 3-3:45pm**

A memorial fund was established in memory of Sydney Thirumulpad, Sherrill resident and avid tennis player, to enhance Sherrill’s tennis offerings and we held our first youth tennis camp in 2017. We’re excited to offer this camp again in 2018!

All levels are welcome, and no experience is necessary. All equipment will be provided but kids are welcome to bring their own racquets.

Registration is open to students who attend E.A. McAllister Elementary school, or who live in Sherrill, or who attend VVS Middle or High Schools. Limited space is available, and priority will be given to Sherrill residents. A former VVS student and City of Sherrill employees will provide instruction and supervision.

Please fill out the registration form on the back and return it to Sherrill City Hall, 377 Sherrill Road by June 29. Please contact Sara Getman, [sgetman@sherrillny.org](mailto:sgetman@sherrillny.org) or (315) 363-6525 for more information.

Join us to learn about tennis, practice skills, play games and have fun!

2018 City of Sherrill Tennis Camp Registration and Medical Authorization Form

This form must be returned to Sherrill City Hall by June 29. Space is limited, and preference will be given to Sherrill residents. After June 29 please contact Sara Getman, (315) 363-6525 about registration availability.

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

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade 2018-2019: \_\_\_\_\_\_\_\_

Tennis Experience: \_\_\_\_\_none \_\_\_\_\_ plays occasionally \_\_\_\_\_ plays regularly \_\_\_\_\_ plays on a team

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

Parent or Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check one:

\_\_\_Walk or Bike Home Alone and/or \_\_\_ Will be picked up by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number of Individual(s) Picking Child Up: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Participant’s name) has my permission to attend the City of Sherrill Youth Tennis Camp located at Noyes Park, Sherrill, NY. I give the City of Sherrill and its duly authorized representatives the authority to seek any medical attention my child may need in the event he/she is injured in my absence. This includes ambulance transportation to any medical facility and any medical treatment. I understand that all attempts will be made to contact me at the listed telephone numbers, but treatment will not be delayed because I cannot be contacted. I further authorize any physician, hospital, or medical attendant to receive full and complete medical reports or information deemed necessary by them with respect to the treatment of my child. Execution of this document shall operate as an authorization for such person(s) to receive any medical information that they require.

Date\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Persons to contact in case of an emergency if parent/guardian cannot be reached first**

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

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

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

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

Date of last Tetanus Toxoid Booster: \_\_\_\_\_\_\_

Does your child have disabilities that we should be aware of? Yes\_\_\_ No\_\_\_

If Yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child currently taking any medications? Yes\_\_\_ No\_\_\_ If yes, please explain and include names of medications:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_