



Dear Parents:

The Madison County Recreation Department is excited to offer a 2012 Tennis Camp. Christina Fortson will once again instruct this camp. Camp will be held at the Sammy A. Haggard Park Tennis Courts on Highway 98 from 9:00 am - 11:00 am during the week of May 21st - 25th. Participants will learn the fundamentals such as serving, ground strokes, volleying and returns. Tennis Camp is open to boys and girls ages six to twelve. Cost is \$55, and participants will receive a t-shirt. Enclosed is a registration packet. Please complete the forms in full and return them to the recreation department along with payment. If you are returning the forms by mail, please send them to the address listed above. Your child will be considered registered for camp once the completed forms and payment have been received. Spaces are limited, so be sure to register early. Camp participants will need to bring a tennis racket. Feel free to call us at (706) 795-6270 if you have questions.

Sincerely,

Dee Reynolds
Program Coordinator

Enclosures

Madison County's Tennis Camp 2012 Registration

Participant's Name: _____ Sex _____

Mailing Address _____ City _____ Zip _____

Date of Birth _____ Age _____ Grade completed this year _____ School Attending _____

Registering Parent's Name: _____

Home Phone _____ Cell Phone (Dad/Mom) _____

Mother's Name _____ Work Phone _____

Father's Name _____ Work Phone _____

Parent/Guardian Email _____

Emergency Contact _____ Phone _____
(Emergency contact should be someone other than a parent/guardian in the event that we are unable to contact you.)

Shirt Size (*Circle One*) YM YL AS AM AL AXL **(Shirt size guaranteed if registered by May 16, 2012)**

I acknowledge that the Madison County Recreation Department does not carry insurance on participants in programs. Being aware of this situation and acknowledge that participation in any activity involves a certain degree of risk and injury; I hereby release the Madison County Recreation Department, their board, directors, employees, coaches, instructors, officials and volunteers from any and all liability arising out of any injuries suffered by the above said participant during this activity. I further agree to abide by the policies and procedures of the department, including, but not limited to, the Madison County Recreation Department's Code of Conduct.

Parent's Signature: _____ Date: _____

AUTHORIZATION OF PICK-UP

I hereby authorize the following people to pick-up my child(ren) from the M.C.R.D. Tennis Camp:

Name: _____ Relation: _____ Signature: _____

Name: _____ Relation: _____ Signature: _____

Name: _____ Relation: _____ Signature: _____

Name: _____ Relation: _____ Signature: _____

I realize that I must call the recreation department to notify the staff if someone not listed above is picking up my child(ren). In addition, anyone not listed above will be required to present a picture I.D. upon arriving to pick up my child(ren).

Parent's Signature: _____ Date: _____

**Madison County Recreation Department
Tennis Camp 2012**

MEDICAL INFORMATION FORM

Participant's Name _____

Medical Insurance Company _____

Is the participant covered under your health insurance plan? Yes _____ No _____

Doctor's Name _____ Phone _____

1. List any known **allergies** _____

2. List any **current medications** being taken _____

3. List any **current injuries/illnesses** _____

4. List any recent hospitalization (within the past 6 months) _____

5. Please list participant's level of ability if any limiting physical/mental conditions exist (i.e. spina bifida, cerebral palsy, mental retardation, behavior disorders, etc.) _____

6. Does the participant have any speech, hearing, or vision limitations? No _____ Yes _____

7. Please describe participant's special needs or medical problems in detail and note any limitations or special care that needs to be given. _____

8. Does the participant use mobility aids (i.e. braces, crutches)? No _____ Yes _____

9. Has the participant ever had a seizure? No _____ Yes _____ If yes, please describe in full detail. Give the date of most recent seizure, and include all symptoms leading up to the seizure and following the seizure and any known causes of the seizure(s). _____

Parent's Signature: _____ Date: _____

**Madison County Recreation Department
Tennis Camp 2012**

Waiver & Release Statements

Participant's Name: _____

Being fully aware of the risk of bodily injury, the undersigned does further agree that the child listed above assumes the risk of danger involved in any program of this nature. Being desirous of arranging for the medical care and treatment of my minor child during his/her participation in the above mentioned program, do hereby authorize the Madison County Recreation Department to act in the following matters in behalf, place, and stead:

- a. To obtain and authorize medical care for said minor child at any hospital, emergency medical center, or any other medical facility; by any medical doctor, osteopath, nurse, surgeon, or any other medical practitioner;
- b. To do any other thing or perform any other act, not limited to the foregoing, which the undersigned might do in person, in order to provide for the medical care and welfare of the minor child.

The undersigned further agrees to be responsible for the expenses of any medical care needed by the minor child, and to hold the staff authorizing the medical care harmless from any damages suffered by the minor child or the undersigned as a result of the medical treatment authorized. It is understood, however, that if hospitalization or treatment of a more serious nature is required I will be contacted, if at all possible, by telephone for permission. The physician, organizers, directors, agents, or employees of the M.C.R.D. are hereby released, acquitted and discharged from any claim for damage or suit by reason of any injury, illness, damage to person or property during the event of the program, and in that regard, I hereby covenant that on my behalf and for the minor not to file a claim or bring a suit with respect to any such injury or damage. This Medical Authorization shall remain effective until such time as the program has been completed. I, the undersigned, am a Parent, Legal Guardian, or Caregiver of the above specified minor. I have read and fully understand the provisions of the above releases and have explained them to said minor. I hereby agree that said minor and I will be bound thereby. The Madison County Recreation Department does not discriminate on the basis of handicapped status or access to, or treatment or employment in, its programs or activities.

PRINT NAME _____

SIGNATURE _____ DATE _____

Permission is granted for my child to appear in still or motion pictures using his/her name for educational, promotional or other proper purposes only.

YES _____ NO _____

SIGNATURE _____ DATE _____

**Madison County Recreation Department
Tennis Camp 2012**

PAY SUMMARY SHEET

**Tennis Camp
Christina Fortson, Instructor
Ages 6 - 12
May 21 - 25
9:00 am - 11:00 am
\$55 (Includes T-shirt)**

Please submit payment of the total listed above to the Madison County Recreation Department at the time you submit the registration for your child. A spot in the camp can only be guaranteed by payment in full.

Office Use Only Below This Line

Date _____ **Amount Paid** _____ **Check #** _____