

SLATER YOUTH TENNIS CAMP REGISTRATION

Participant Name _____

Birthdate _____ Grade Completed 2026 _____

Address: _____

City: _____ Zip Code: _____

Parent _____ Parent(s) Phone _____
Email _____ Number(s): _____

PROGRAM SELECTION

Please check ONE program you wish to enroll in:

- Elementary Beginner: Completed K-2nd grade. \$20**
- Beginner: Completed 3rd-8th grade \$30**
- Advanced : Completed 3rd-8th grade \$30**

***Beginner: best for those have received limited tennis instruction**

***Advanced: best for those who have attended a couple beginner classes.**

Email Coach Dovre with questions at jdovre@ballard.k12.ia.us

I/WE, THE PARENT/GUARDIAN OF THE ABOVE PARTICIPANT GIVE MY/OUR PERMISSION TO PARTICPATE IN SLATER YOUTH TENNIS CAMP. I/WE UNDERSTAND THAT THERE IS SOME INHERENT RISK INVOLVED WITH THIS ACTIVITY AND THAT NOT ALL INJURIES CAN BE PREVENTED. THEREFORE, I DO HEREBY WAIVE, RELEASE, AND AGREE NOT TO HOLD THE ORGANIZERS, SPONSORS, CITY OF SLATER EMPLOYEES OR OFFICIALS, OR ANY VOLUNTEERS LIABLE FOR ANY INJURIES THAT MAY OCCUR DURING THIS ACTIVITY.

Signature and Date _____

Conditions staff should be aware of? _____

