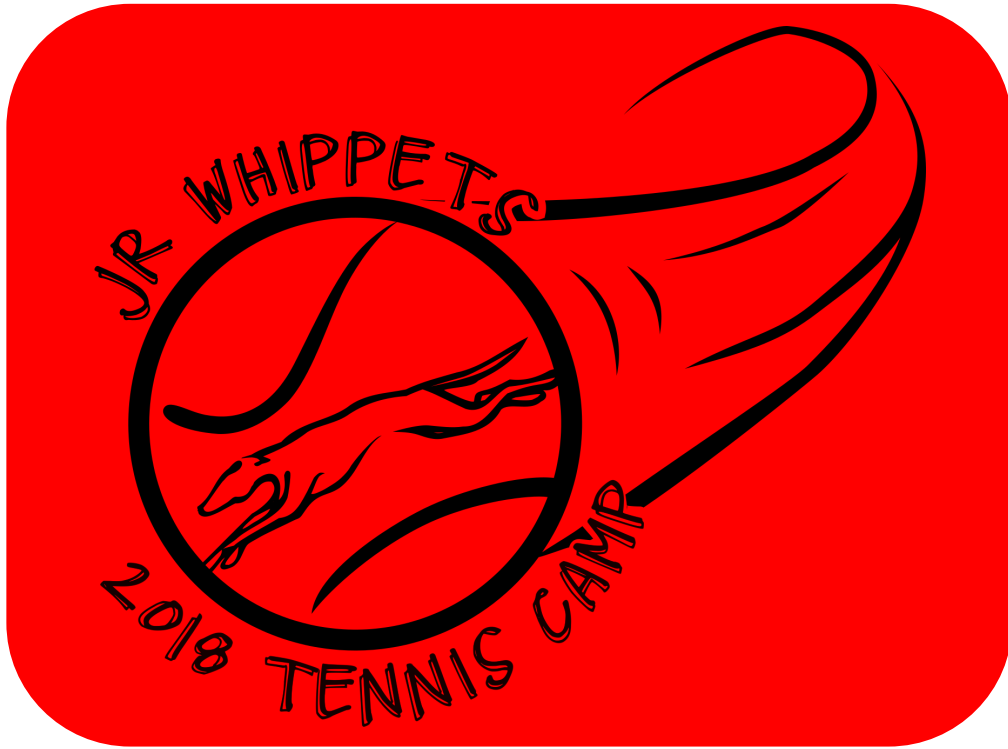




# 2018 Jr. Whippet Tennis Camp

**Presented by Shelby High School Athletic Boosters**



**Let your racquet do the talking!** Support the Shelby High School girls' tennis program with their 3 day tennis camp fundraiser. Learn new skills and techniques from high school coaches and players. This program will help develop self esteem, social skills, and athletic skills. Your experience is our top priority.

**Age:** Grades 3rd - 8th

**Registration:** May 19th - June 22nd at the Shelby YMCA

**Price:** Members and Non-Members \$35

Price includes all three days and t-shirt

Bring your own racket OR use one of ours

**Dates:** June 25th, June 26th, and June 27th

9:00 am - 10:30 am at the Shelby High School tennis courts

**Questions? Call** Travis Yoakum at 419-347-1312 Ext 225 or email [travis.yoakum@shelbyymca.org](mailto:travis.yoakum@shelbyymca.org)



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FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

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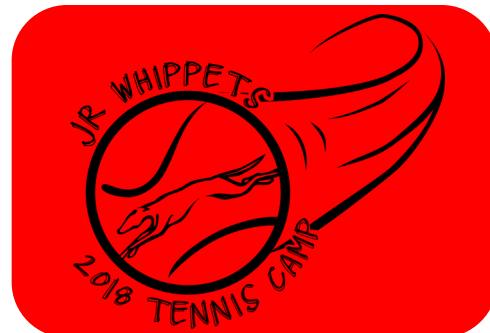
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419-347-1312

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111 W. Smiley Ave. Shelby, OH 44875

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[www.shelbyymca.org](http://www.shelbyymca.org)

Jr. Whippets Tennis Camp 2018 - Acct #1351

## Player Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_ T-Shirt Size (circle): Youth: S M L XL Adult: S M L XL

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

## Parent / Legal Guardian Information (Emergency Contact):

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Waiver and Release Form Liability:** I hereby accept any and all responsibility for, and assume the risk of any and all injury or damage to my person or dependent children which might arise directly as a result, and or participation in the SHELBY Y and its activities, the various branches and subdivision thereof, and all employees and volunteers in their capacities as representatives of the SHELBY Y expressly including, but not limited to, the Board of Directors of the SHELBY Y, except from injuries caused intentionally, or by willful misconduct. I certify that I am familiar with the contents of this release, that I have read and understand the same and that it is my intention by my heirs, administrators, executors, successors and assigns. **Property Loss:** I understand that the SHELBY Y is not responsible for personal property lost, damaged or stolen while members and/or program participants are using the SHELBY Y facilities or on SHELBY Y program premises. **Photography Permission:** I give my permission for the SHELBY Y to use, without limitation or obligation, photographs, film footage or tape recordings which may include image or voice for purposes of promoting or interpreting SHELBY Y programs. **Insurance:** I understand it is my responsibility to provide for my own (and other members of my family if applicable) accident and health coverage while participating in all SHELBY Y activities. The SHELBY Y does not provide any accident or health insurance for it participants. **Medical Release:** I authorize the SHELBY Y as my agent to give and consent to surgical or medical treatment by a licensed physician or hospital when such treatment is deemed necessary by the physician if I cannot be contacted within a reasonable time or otherwise unable to give such consent. I authorize the SHELBY Y to give first aid, CPR or other treatment by a qualified staff member. **Acceptance:** This waiver and release is given for me and on behalf of all the minor members of my family or in my care, if any. If any portions of this waiver are held to be invalid I agree that the remaining terms shall continue to be full legal force and effect. **I have read, or have had read to me, and voluntarily sign this waiver and release from liability.**

Signature of Parent or Guardian if less than 18 years of age

Date

### For Office Use Only:

Date Received: \_\_\_\_\_ Payment: Check # \_\_\_\_\_ Cash Credit Amount \$ \_\_\_\_\_

Received by: \_\_\_\_\_ Receipt # \_\_\_\_\_ Circle One: Member Non-Member