

How To Register For 2005 Tennis Camps

To register, you must submit the following

- 1 – The completed application below, making sure the Release Agreement is signed by the Camper’s Parent/Guardian. Incomplete forms will be returned unprocessed.
- 2 – \$50.00 non-refundable deposit.

Please print, fill out, and mail to:

Alex Alcantara
9037 Long Lake Palm Dr
Boca Raton, FL 33496

Please make checks payable to “Passing Shots.”

Registration Form

Participant

Last Name _____

First Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Birthdate _____

Sex _____ Level _____

Parent/Guardian

Mother _____ Phone _____

Father _____ Phone _____

Emergency contact

Name _____ Phone _____

Summer Camp

Session 1 - \$ 325.00

Session 2 - \$ 325.00

Session 3 - \$ 325.00

Session 4 - \$ 325.00

Session 5 - \$ 325.00

Session 6 - \$ 325.00

Session 7 - \$ 325.00

Session 8 - \$ 325.00

Session 9 - \$ 325.00

A discount is available for two or more sessions.

Payment

___ Check payable to Passing Shots, Amount \$ _____

Release Agreement / Medical Form

I approve of my child attending the Passing Shots Camps at Florida Atlantic University and I certify that she/he is in good health and able to participate in all the activities. I authorize the staff of Passing Shots to act for me according to their judgment in an emergency requiring medical attention, including treatment by physicians.

By signing below, I hereby assume any and all risks which are incumbent with any excursion of program and extracurricular activities in which my child might participate, with realization that certain activities may subject her/him to personal bodily injury or property damage risks. I am aware that certain dangers may occur including, but not limited to, physical contact with other individuals and/or athletic equipment and facilities which may result and cuts, abrasions, sprains, strains, bruises, concussions and fractures. Being fully aware of these dangers, I nevertheless, voluntarily choose to allow my child to participate in the Passing Shots Camps, for boys and girls and assume all the risks arising therefore.

I so hereby release, acquit, and forever discharge the State of Florida Board of Regents, Florida Atlantic University who plan, direct or otherwise participate in the aforementioned Tennis Camps, and from all sections, account of any and all injury, directly and indirectly sustained by my child as a consequence of her/him participation in the above mentioned sports camp, I will be responsible for any medical or other charges in connection with attendance at camp. I have read and understand the foregoing assumptions of risk and release document, and I do freely accept its terms.

Parent/Guardian Name _____

Signature and Date _____

Insurance Company Name _____

Policy # _____

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Checks made out to Passing Shots

For more questions or information call or email :

Alex Alcantara

Office 561- 297 2793

Fax 561- 297 0142

Cell 561- 756 3340

Aalex007@hotmail.com