

Northridge Tennis & Swim Camp

2008 APPLICATION

- Print and complete all fields on the application form
- Mail form with payment to:
 Northridge Tennis Patrons
 20230 Hamlin St.
 Winnetka CA 91306

Please check the boxes for the desired Tracks & Schedules. Refer to the Web site for details

	SCH A	SCH B	SCH C	SCH D
Track 1: June 23 - June 27	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A
Track 2: June 30 - July 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Track 3: July 7 - July 11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Track 4: July 14 - July 18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Track 5: July 21 - July 25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Track 6: July 28 - Aug 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Track 7: Aug 4 - Aug 8	<input type="checkbox"/>	N/A	N/A	N/A

Campers Name: _____

Address/Street: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Cell Phone: _____

E-mail: _____

Date of Birth: _____ Age: _____ Sex: _____

Ability Level: _____ Shirt Size: _____

How did you hear about Northridge Tennis & Swim Camp?

I/We the parents/guardians of the above listed student(s) or adult(s), hereby give my/our approval to the participation in any and all activities related to the Northridge Tennis & Swim Camp. I/We do assume all risks and hazards incidental to such participation including but not limited to sports, tournaments, and transportation to and from such activities. I/We hereby waive, release, absolve, indemnify, and agree to hold harmless Northridge Tennis & Swim Camp and all organizers, sponsors, supervisors, instructors, counselors, advisors, participants, and persons transporting my/our child to and from such activities, or relating to any claim out of injury to my/our child's failure to take prescription drugs. Signing this release form will assure that medical treatment for your child will be provided in the event that you cannot be reached immediately to authorize such treatment. My son/daughter has my permission to participate in Northridge's Tennis & Swim Camp program. He/She is in good physical condition at present and has had no serious illness or operation since his/her last health examination. I may be reached at the phone number listed above.

Signature of Parent/Guardian: _____