



# 2025 Summer Tennis Camp Registration Form

Revision 1/17/2025

Camp meets Monday – Friday. Camp is for children ages 5 to 16 years and no tennis experience is necessary. Camp for players who have participated in our red ball, orange ball or green dot ball clinics will be on the indoor courts. Camp for players who have participated in our yellow ball clinics will be outside. Campers new to Penn Oaks will be placed inside or outside based on their age and experience level. Full Day campers must bring a lunch. Completed registration forms can be mailed or dropped off along with payment to Penn Oaks. Cash, check, or credit card accepted for payments. There is a 3% convenience fee for payments made with credit card. Please make checks payable to Penn Oaks Tennis & Fitness. If you have any questions, call 610-399-3800 or email at [pennoaksfit@gmail.com](mailto:pennoaksfit@gmail.com). **Camp payments are non-refundable.**

### Select Price Option for Weekly or Unlimited

1 Week Half Day \$500     Unlimited Half Day \$4,000     Unlimited Half Day 2 Kids \$3,400/kid

1 Week Full Day \$650     Unlimited Full Day \$4,600     Unlimited Full Day 2 Kids \$4,100/kid

**Family discount available for 3 or more kids**

### Daily Rates (must call for space availability the day you would like to attend)

Half Day: \$105                  Full Day: \$150

### Select Session

AM: 9:30 am – 12:30 pm     PM: 1:30 pm – 4:30 pm     Full Day: 9:30 am – 4:30 pm

### Select Weeks Attending

<input type="checkbox"/> June 9 <sup>th</sup> – June 13 <sup>th</sup>	<input type="checkbox"/> July 7 <sup>th</sup> – July 11 <sup>th</sup>	<input type="checkbox"/> August 4 <sup>th</sup> – August 8 <sup>th</sup>
<input type="checkbox"/> June 16 <sup>th</sup> – June 20 <sup>th</sup>	<input type="checkbox"/> July 14 <sup>th</sup> – July 18 <sup>th</sup>	<input type="checkbox"/> August 11 <sup>th</sup> – August 15 <sup>th</sup>
<input type="checkbox"/> June 23 <sup>rd</sup> – June 27 <sup>th</sup>	<input type="checkbox"/> July 21 <sup>st</sup> – July 25 <sup>th</sup>	<input type="checkbox"/> August 18 <sup>th</sup> – August 22 <sup>nd</sup>
<input type="checkbox"/> June 30 <sup>th</sup> – July 4 <sup>th</sup>	<input type="checkbox"/> July 28 <sup>th</sup> – August 1 <sup>st</sup>	<input type="checkbox"/> August 25 <sup>th</sup> – August 29 <sup>th</sup>

**Please complete registration information below & the Health & Emergency Contact Form (back of this page):**

Camper Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

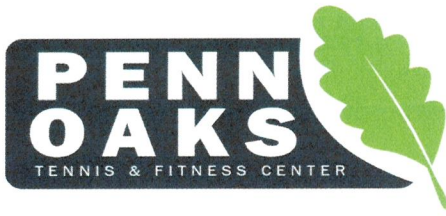
Parent Name(s): \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Email: \_\_\_\_\_

Office Use Only: Amt. Paid \_\_\_\_\_ Check #: \_\_\_\_\_ Date Paid: \_\_\_\_\_





# 2025 Summer Tennis Camp Health Record & Emergency Contact Form

## EMERGENCY CONTACT

Camper Name(s): \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Emergency Phone # \_\_\_\_\_

## WAIVER OF LIABILITY

The undersigned parent/guardian acknowledges that there are certain risks inherent in participating in the sport of tennis and acknowledge that campers participate at their own risk. You hold Penn Oaks Tennis & Fitness, its agents and employees free and harmless from all liability and damages resulting from any and all accidents, injuries or illnesses arising, either directly or indirectly, from the campers participation in Penn Oaks Tennis & Fitness summer tennis camp, including all consequential and incidental damages, except resulting from the negligence of Penn Oaks Tennis & Fitness or its agents and employees.

Signature of Parent/Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_

## HEALTH INFORMATION

Please note any special or medical conditions (Allergies, Asthma, ADHD, etc.) that we should be aware. In the case of injury or illness, this information may be provided to and shared with emergency personnel. \_\_\_\_\_

Please list any medications your child is currently taking, including over the counter. Specify if your child will need to take medication during camp. \_\_\_\_\_

## HEALTH INSURANCE INFORMATION

This camper is covered by family medical/hospital insurance:  Yes  No

Insurance Company \_\_\_\_\_ Policy Number: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_ Insurance Company Phone # \_\_\_\_\_

## MEDICAL TREATMENT PERMISSION

In case of emergency or illness, every effort will be made to contact the child's parent(s) or guardian(s). In the event that contact cannot be made, I hereby grant permission to Penn Oaks Tennis & Fitness Club to seek appropriate medical personnel to perform emergency procedures as necessary.

Signature of Parent/Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_

## In addition to the above information, each camper must have 1 of the following:

- A physical examination conducted within 1 year of the first day of camp signed by a physician. Please attach to this form.
- Or- A state Qualifying school physical. Please attach to this form.
- OR - The Medical Release Waiver form below signed by a parent or legal guardian.

## MEDICAL RELEASE WAIVER FORM

The following camper, \_\_\_\_\_ did not have a completed physical when reporting to camp. As his/her parent or legal guardian, I certify that \_\_\_\_\_ is in good health and is able to participate in all camp activities. I take complete responsibility of this camper while he/she is attending Penn Oaks Tennis & Fitness Club tennis camp.

Signature of Parent/Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_