

**LIABILITY RELEASE AND MEDICAL
AUTHORIZATION
For Eagle Tennis Camp**

As parent or guardian of the child named below, I give my permission for my child to attend the *Eagle Tennis Camp*. I give permission for the adult staff to provide transportation for my child in an emergency. In the event of an emergency I authorize the administration of basic first aid. I also authorize appropriate treatment by emergency medical personnel.

By signing this release, I agree that if my child is injured in any way while participating in activities at *Eagle Tennis Camp*, I voluntarily release the school or camp staff from any and all liability for the injuries.

I understand and agree that this release applies to not only me but also my estate, heirs and assigns. In the event some other person seeks compensation for these released liabilities, my estate or I will hold harmless the school or camp staff.

I understand that the camp is under the direction of competent adult coaches and that the staff may include both adults and high school athletes. I am aware that participants may be injured while participating in the supervised drills and events.

I understand that photographs or video footage may or may not be taken of my child while at *Eagle Tennis Camp*. I give my permission to use photographs or videos for promotional purposes including brochures or a promotional video.

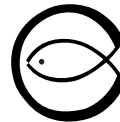
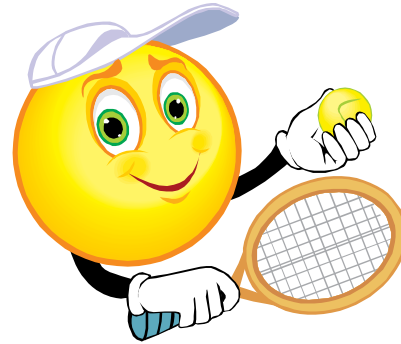
I have read this release; I understand it; and I fully agree to all of its terms.

Signature of Parent or
Guardian: _____

Date: _____

Name of Parent or Guardian
(print): _____

Child's Name
(Print) _____



1300 19th Ave SW
Willmar MN 56201

Phone: 320-235-0592
Fax: 320-235-0620
www.willmarccs.org

2009

Eagle Tennis Camp

*Boys and Girls
Grades 3 - 12
(2009-2010 school year)*

*August 3-6
(August 7th Make-up
date)*



**Community Christian School
1300 19th Avenue SW
Willmar, MN 56201**

Phone: 320-235-0592

2009

Eagle Tennis Camp

August 3rd – 6th

Aug. 7th will be a make-up date
Grades 3 – 12 (for 2009-2010 school year)

9:00 – 10:30 Grades 3-6
10:45 – 12:15 Grades 7-12

Site – ????????

Registration fee of \$30 due by May 29th.

Cost includes four days of tennis instruction, character development and a camp T-shirt.



The CCS Eagle Tennis Camp is a Christian sports camp exclusively for CCS and home-school students. Our Goal is to provide quality instruction on the “fun”amentals of tennis through drills and practice of proper techniques. This camp will improve your tennis skills and give you a better understanding of the game. Each session will include a devotional as well as sound instruction and

practice in the fundamentals of tennis. There will be games and competitions all designed to improve your play.

Camp Directors

Amy Morrell – Tennis Pro

Mrs. Morrell received All American honors as a tennis player at Gustavus Adolphus College. She was ranked #3 in the nation for NCAA Division III tennis players. Amy has 7 years of experience as a tennis instructor leading camps and giving private lessons. She desires to use her gifts and experience to serve our students at CCS.

Melanie Ackerman

Mrs. Ackerman will be working alongside Mrs. Morrell to teach our young athletes. She was a Regional USTA Team Champion and Doubles Champion in the New London Water Days. Melanie has a heart to serve our students and has worked with our volleyball teams in the past.

Make checks payable to Community Christian School.

Please complete a separate registration form for each child participating. The completed registration form must accompany your payment.

If you have any questions please contact the school at 235-0592.

**Tennis Camp
Registration Form**

Registration Due by May 29th - \$30

Mail or deliver registration form along with your payment to:

**Community Christian School
Attn: Athletic Director
1300 19th Ave. S.W.
Willmar, MN 56201**

Parents Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Cell Phone: _____

Emergency Contact: _____

Phone: _____

Participant Name: _____

Birthdate: _____

Grade in '09 – '10

3rd ___ 4th ___ 5th ___ 6th ___

7th ___ 8th ___ 9th ___ 10th ___ 11th ___ 12th ___

Please inform us of any medical concerns or physical limitations that we should know about your child. _____

T-Shirt Information: Each participant will receive a camp T-shirt. Please indicate the size needed below.

Youth M__ L__
Adult S__ M__ L__ XL__
