

Day Camp Program

9 AM - 11 AM, 11AM -1PM and 1PM-3PM

Monday to Friday

\$120.00 + plus tax

2 Hours Program 3 Sessions

Sign up more than 2 session a week
for \$100.00

Payment must be made in advance

APPLICATION FORM

Student's Name: _____

Address: _____

City: _____

Phone Number: (____)____-____

Parent/Guardian Name: _____

Email Address: _____

Male or Female: _____

Age: _____

Level of Play: _____

Special Requirements (i.e. Medical conditions, allergies):

Emergency Contact: _____

Tel: (____)____-____

Waiver and Release of Liability: In consideration of being permitted to participate in on and off court activities under the supervision of Sulley Dowuona, or a member of his staff, scheduled between May 1 - Sept. 30, and run and or operated by Sulley Dowuona (the releases). I (the releaser) of _____ WAIVE, RELEASE, and DISCHARGE the release, his heirs, executors, administration, legal representatives, and assigns from all liability for or by reason of damage, loss or injury to person or property, even injury resulting in death of the release which has been sustained in consequence of the relator's participation in the activity described above, and notwithstanding that such damage, loss, or injury may have been caused solely or partly by the negligence of the releases.

Signature(Parent/Guardian): _____

Date: __/__/__