



LET THE **SUMMER**
FUN **BEGIN!**

TENNIS ²⁰²¹ SUMMER CAMP

Camp Dates

Tennis Mini Camp | Ages 4-8 | 9am - 10:30am
Summer Tennis Camp | Ages 9-17 | 9am - 12pm

June 28 to July 2

July 5 to July 9

July 12 to July 16

July 19 to July 23

July 26 to July 30

August 2 to August 6

August 9 to August 13

August 16 to August 20

August 23 to August 27

Register in person or online at
KitsapTennis.com

Tennis is one of the greatest sports out there. It requires endurance and concentration, but tennis is also a lot of fun.

So let the fun begin! And there is no better way to do so than with one of our **Summer Tennis Camps!**

Scholarships Available

KITSAP
TENNIS
& ATHLETIC
CENTER

1909 NE John Carlson Rd | Bremerton, WA 98311 | 360.692.8075

KitsapTennis.com | a 501(c)(3) Organization

Tennis Summer Camp | Ages: 9-17

Member Pricing: \$135 per week
 Non-Member Pricing: \$155 per week
 Monday – Friday 9am – 12pm

Tennis Summer Camp

Once again, KTAC will offer summer junior development tennis camps that have sparked generations of kids to become lifetime tennis players. We have a fun team-oriented atmosphere that provides stroke production, games, and more. Players will be grouped by level and experience. Train smarter, not harder!

Tennis Mini Camp | Ages: 4-8

Member Pricing: \$65 per week
 Non-Member Pricing: \$75 per week
 Monday – Friday 9am – 10:30am

Tennis Mini Camp

This is the perfect introduction for younger kids aged 4 to 8 years old. We teach in a fun way that gets kids playing and hitting the correct way. Hand eye coordination, movement skills and team-oriented group learning makes tennis a great first sport for youth.

KTAC 2021 Tennis Summer Camp Registration

Complete Registration, Medical Waiver, and Covid Waiver forms. Once completed, please submit all forms and payment to Kitsap Tennis & Athletic Center (KTAC), 1909 NE John Carlson Rd., Bremerton, WA 98311. Payment must be made prior to the start of each camp. For additional information, please call us at 360.692.8075.

Parents Name: _____
 Child's Name: _____ DOB: _____
 Address: _____
 City: _____ State: _____
 Zip: _____
 Email: _____
 Cell Phone Number:
 (_____) _____
 Alternate Phone Number:
 (_____) _____

CAMP DATES

Please check desired week(s):

1. June 28 to July 2 _____
2. July 5 to July 9 _____
3. July 12 to July 16 _____
4. July 19 to July 23 _____
5. July 26 to July 30 _____
6. Aug. 2 to Aug. 6 _____
7. Aug. 9 to Aug. 13 _____
8. Aug. 16 to Aug. 20 _____
9. Aug. 23 to Aug. 27 _____

TOTAL CAMPS _____ **TOTAL \$** _____

Please check appropriate camp:

Tennis Mini Camp: Ages 4-8

Monday – Friday 9am – 10:30am

Member: \$65 _____ Non-Member: \$75 _____

Tennis Summer Camp: Ages 9-17

Monday – Friday 9am - 12pm

Member: \$135 _____ Non-Member: \$155 _____

Tennis Camp Discounts

Active Duty Military Discount

- 15% off Each Child

Multi-Week Discount

- 10% off (Must enroll in 5 or more sessions)

Multi-Child Discount

- 10% off Each Additional Child

(Only one type of discount applies)

Office Use Only: Initial _____
 Date _____

Method of Payment:

Check _____ Cash _____ V/MC _____

Charge Acct. _____

No refunds after registration or for missed classes. General Manager will have the final decision on all class cancellations.

Scholarships Available

Contact KTAC front desk at 360.692.8075 for more information.



Medical Information and Waiver

Medical Information:

Physician: _____

Physician Phone Number: (____) _____

Any known medical conditions: _____

Any known Allergies: _____

Alternate emergency contact information:

Name _____

Phone (____) _____

We hereby authorize the adult in charge to arrange for any necessary emergency medical care in the event we cannot be reached immediately. This medical or dental care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

Parent/Guardian Signature

Date

Medical Waiver:

By signing your name on this document, you acknowledge that you have voluntarily chosen to participate in any tennis, swim or other program which may include but is not limited to physical activity. You accept all responsibility for your health and any resultant injury that may affect your well-being or health in any way. You hereby release the Kitsap Tennis & Athletic Center (its employees and members) from any liability now or in the future.

Parent/Guardian Signature

Date

Kitsap Tennis & Athletic Center

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Kitsap Tennis & Athletic Center ("KTAC") has put in place preventative measures to reduce the spread of COVID-19; however, KTAC **cannot guarantee** that you or your child(ren) will not become infected with COVID-19. Further, **attending KTAC could increase** your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I and my child(ren) may be exposed to or infected by COVID-19 by attending KTAC and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at KTAC may result from the actions, omissions, or negligence of myself and others, including, but not limited to, KTAC employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself or my child(ren)(including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at KTAC or participation in KTAC programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless KTAC, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of KTAC, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any KTAC program.

Signature

Date

Print Name

Name of KTAC Participant(s)