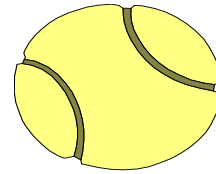


# Freedom High School Summer Tennis Camps

June 2018



Nothing to do over the summer? Freedom High School is offering tennis camps in one week sessions run by USPTA\*\*\* certified Freedom head coach, Steve Amaro. Jr. High and High School students of all ability levels are welcome to enroll.

### Camp Dates:

**Week 1: June 12 - 15 (Tuesday-Friday)**  
**Week 2: June 18 - 21 (Monday-Thursday)**  
**Week 3: June 25 - 28 (Monday-Thursday)**

**Session I (8:30am - 10:00am): Grades 2-8**  
**Session II (10:15am - 11:45am): Entering 9-12**  
**Open Courts: 12:00pm - 1:00pm**

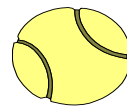
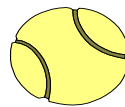
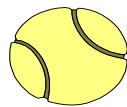
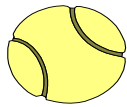
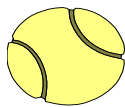
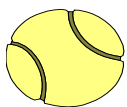
**\$45 per week per student**  
**and participant must bring four unopened containers of tennis balls.**

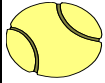
Spaces limited so sign up early. Call Steve Amaro at 925-625-5900 x3044  
[or email amaros@luhsd.net if you have any questions.](mailto:amaros@luhsd.net) Fill out  
registration form and return it with payment to Steve Amaro at Freedom.

*\* Make checks payable to Freedom High School and include Driver's License # on checks.*

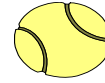
*\*\* Non marking soled tennis shoes and tennis racquet are required.*

*\*\*\*USPTA (United States Professional Tennis Association)*





# TENNIS CAMP REGISTRATION FORM



Name: \_\_\_\_\_

Which week(s) of camp are you attending? \_\_\_\_\_

Which session? \_\_\_\_\_

Liberty Union High School District  
Freedom High School

Athletic Pre-participation Health Screening  
MEDICAL INFORMATION

## SECTION A

### CONFIDENTIAL EMERGENCY MEDICAL INFORMATION

#### ATHLETE INFORMATION

Athlete's Name	Date of Birth	Age	Sex
Phone No.	Grade		
Address			
City	State	Zip	
Email:			

#### PARENT OR GUARDIAN

Father	Contact Phone
Mother	Contact Phone
Address if different than above	

EMERGENCY CONTACT	Relationship	Phone
-------------------	--------------	-------

FAMILY PHYSICIAN	Physician's Phone
------------------	-------------------

#### INSURANCE INFORMATION

Company	Insurance Phone		
Name of insured	Relation to Athlete	Policy No.	Group No.

## SECTION B

### TREATMENT AUTHORIZATION

Authorization to Authorize Medical Care for a minor:

I, the parent/guardian of the above athlete, give permission to Liberty Union School District administrators, coaches, certified athletic trainers and school personnel to secure and authorize emergency medical treatment and procedures for my student athlete in my absent. I also authorize the certified athletic trainer and team physicians hired by the school district to perform limited injury assessment and treatment for my son/daughter of injuries occurring during participation in school athletics.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## SECTION C

### MEDICAL ALERTS

MEDICAL CONDITIONS THAT ARE A CONCERN:

MEDICATIONS List all medications you are currently taking. Include prescriptions, over-the-counter medications, vitamins, birth control pills, performance enhancers/supplements.

ALLERGIES TO MEDICATIONS List Allergy or sever reaction to any medications? [Specify type of reaction]

OTHER ALLERGIES List any other allergy or severe reaction to insects, bees, wasps, or food. [Specify type of reaction]

Date of last Tetanus Shot \_\_\_\_\_