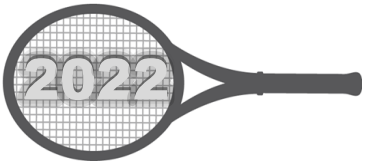
SUMMER TENNIS



AVON COMMUNITY TENNIS ASSOCIATION

Summer Camp



Sign Up by May 31ST, 2022

AGES :	**Open to all youth ages 5-18 years old.**	
DATES:	**Session 1 June: 14, 15, 16, 21, 22, 23, 24, 25** **(USTA Tournament Held on 24th & 25th included in camp pricing)** **Session 2 July: 12, 13,14,19, 20, 21, 22, 23** **(USTA Tournament Held on 22nd & 23rd included in camp pricing)** **USTA tournaments will be level 6 for Intermediates/ Advanced and level 7 for Beginners/some Intermediates. We will try to coincide tournament times with clinic start times as much as possible. See registration for pricing.**	
Important Information	(Plus two USTA tournaments!) Follow us on Twitter @Avontennis Weather Related Info Concerning Cancella-tions	**(Make Check Payable to Avon CTA, Cash is also accepted)** **(Avon CTA reserves the right to makeup days on Mondays, Fridays, and if absolutely nec-essary Saturdays/Sundays)**
LOCATION:	**Avon High School Tennis Courts** **(Middle School North when necessary)** **7575 East County Road 150 South** **Avon, IN 46123**	
Mail or Give to:	**Coach Mize: Avon High School** **7575 East County Road 150 South** **Avon, IN 46123** **EMAIL: RAMize@avon-schools.org**	

2022 Summer Camp

Name of Player	Home Address	Phone Number	Date of Birth
Name of Parent	**Email Address**	**Shirt Size** **Circle One**	**Grade**
		Child: S M L **Adult:** S M L	
Clinic Times & Pricing	**Payment Type & Amount**	**Session Registration**	**School**
8:30 AM to 11 AM **(2.5 hrs)** **$225 per session or $300 for both sessions** **Beginner/Intermediate** **10:30 AM to 3 PM** **(4.5 hrs)** **$275 per session or $375 for both sessions** **Intermediate/Advanced** **(Note: 10 and under program is from 9am to 10 AM. Program must sign up online)**	Payment Made **$_____** Circle one: Cash or Check Credit Card Online Only	**(Session)** **Circle One** (1) (2) OR Both Sessions	Please list your USTA Number _____ ALL CAMPERS WILL BE REGISTERED FOR THE END OF SESSION TOURNAMENTS (We need this to register you for the USTA tournaments. If you do not have a number put HELP in the box. We will explain how to register your child with the United States Tennis Association
Parent or Guardian Signature if under 18 ⇨	**Please Sign Below** _____	_____	**Initial you have read & agree to the 2 attached Covid-19 waivers.** _____

WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19 ASSUMPTION OF RISK/WAIVER OF LIABILITY/INDEMNIFICATION AGREEMENT

As a result of the highly contagious novel coronavirus, COVID-19, the Avon CTA cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending and participating in tennis tournaments, winter clinics, summer camps, private or semi-private lessons could increase your risk and your child(ren)'s risk of contracting COVID-19. You and/or your child (ren)'s participation and attendance at an activity is voluntary. Further, you and your child(ren) are required to abide by directives designed to lower the risk of COVID-19 exposure which may include wearing masks, social distancing (6 feet apart), washing hands, non-sharing of equipment, wiping down all shared equipment after each use, limitations on spectators, etc. These directives will be provided to you/your child(children) by the Avon CTA via in person instruction, email, CDC guidelines. If you fail to follow these directives, you will forfeit you and your child(ren)'s right to continued participation in the activity. In consideration of being allowed to participate in the activity the undersigned acknowledges, appreciates, and agrees that: 1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and, 2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and, 3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases; and, 4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Avon CTA, their officers, Avon School Corporation, all AVON ATHLETIC DEPARTMENT officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event, WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of participant: _____

Participant signature:_____ Date signed: _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18) This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, I and my child/ward understand and accept these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian: _____

Parent guardian/signature:_____ Date signed: _____

TENNIS PARTICIPANT RELEASE OF LIABILITY, WAIVER OF CLAIMS, EXPRESS ASSUMPTION OF RISK AGREEMENT

Player Name: _____

Emergency Contact: _____ **Phone:** _____ **Relationship:** _____

Child's Doctor: _____ **Phone:** _____

Existing Medical Coverage: _____ **Plan #:**_____

Known Allergies:

_____

(includes medicine, food, bee stings, etc.)

Current Medications AND OR Medical Conditions: (or any related information that would assist in safe treatment)

_____

_____

_____

Liability Waiver and Medical Release: I hereby permit my child to participate in taking tennis lessons from the Avon Community Tennis Association (known as the Avon CTA) and instructors contracted by the Avon CTA. I acknowledge that this camp is not under the direction of Avon Community School Corporation. I understand and fully accept that there are risks involved in sports, and that accidents and injuries are common ordinary occurrences of sports. These injuries could include, but are not limited to: knee injuries, abrasions, pulled muscles, injuries caused by being struck by a ball or racquet, injuries to the spine, neck injuries, heart attacks, etc. I hereby release and hold harmless Robert A. Mize, the board members of the Avon CTA, the Avon School Corporation, University of Indianapolis Tennis Center, any and all workers or volunteers from all liability, from all actions or claims that I or my child now or hereafter have for damage or injury to my child, or to any person or property, resulting from the negligence or other acts by any volunteers or workers in connection with my child's participation in these tennis lessons. I understand and agree that it is my sole responsibility to make certain that my child/children is/are physically healthy and fit to participate in the activities and programs offered by the Avon CTA.

In case of a medical emergency, I hereby give permission to the Avon CTA and their instructors to order treatment for my child if an attempt to contact me is not successful and medical personnel have informed, the Avon CTA and their instructors that a medical procedure is absolutely necessary. This includes any necessary medical treatment, x-rays, or emergency care.

I understand that an attempt will be made to reach me by phone when a diagnosis is completed. I also understand that all related medical costs are my responsibility. This waiver can only be revoked in writing.

Print Name:_____

Parent or Guardian Signature:_____

Date:_____