**SUMMER CAMP 2023 AT LIVE OAKS**

**TENNIS ASSOCIATION**

Please circle session below

**One week sessions**

**1 - May 31 and June 2
2 - June 5 thru June 9
3 - June 12 thru June 16
4 - June 19 thru June 23
5 - June 26 thru June 30
6 - July 3 thru July 7
7 - July 10 thru July 14
8 - July 17 thru July 21
9 - July 24 thru July 28
10 - July 31 thru Aug 4**11 - August 7 thru August 11
12 - August 14 thru Aug 18

**Monday - Wednesday - Friday**

9:00am-12:00noon (7-18 years old)\*

\*players grouped by ability and age

Children under 7 please contact Jeffrey

**Week - $220 members / $240 non-members
Drop in - $80 p day members / $90 non-members**

**Please make checks payable to:**

**Jeffrey Normile Inc.**

**Zelle payments to:**

**liveoakstennis@yahoo.com**

**Send to:**

**Contact Jeffrey for mailing address**

**Contact:**Jeffrey Normile - Director of Tennis
Email: liveoakstennis@yahoo.com
Phone 323-717-9646



**Camper Info**

Name (Parent/Guardian)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Child) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age \_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Liability and Medical Waiver**

I hereby register my child in the Live Oaks Summer Tennis Camp. I know of no mental or physical problems which may affect his/her ability to safely participate in this camp. I authorize the camp staff to attend to any health problem or injury my child may incur while participating in the camp. I hereby release and hold harmless the Live Oaks Tennis Association and Jeffrey Normile Inc and its employees from any and all liability that may arise out of my child’s participation in the camp. I acknowledge that I am responsible for any and all medical expenses due to my child’s illness and/or injury.

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE OF PARENT OR LEGALGUARDIAN**