

PARENT OR GUARDIAN CONSENT

In consideration for allowing my child to participate in University of Rochester's Tennis Camp, I, as his/her parent/guardian, represent and affirm to the University of Rochester that :

- I understand that participating in athletics and other camp activities involves a risk of injury or other harm.
- All such risks are being assumed knowingly and voluntarily, including but not limited to those associated with travel to and from the camp activities.
- I will not hold the University, its employees and agents, responsible for any injury or other harm that results from participation in the camp, unless the injury or harm is caused intentionally or by gross negligence.
- My child is in good health and has no physical condition that would prevent him/her from participating in this camp.

Parent/Guardian Name

Signature

Date

Please mail your application to:

University of Rochester Tennis Camp
Goergen Athletic Center
University of Rochester
Rochester, NY 14627-0296
Attn: Matt Nielsen, Head Tennis Coach



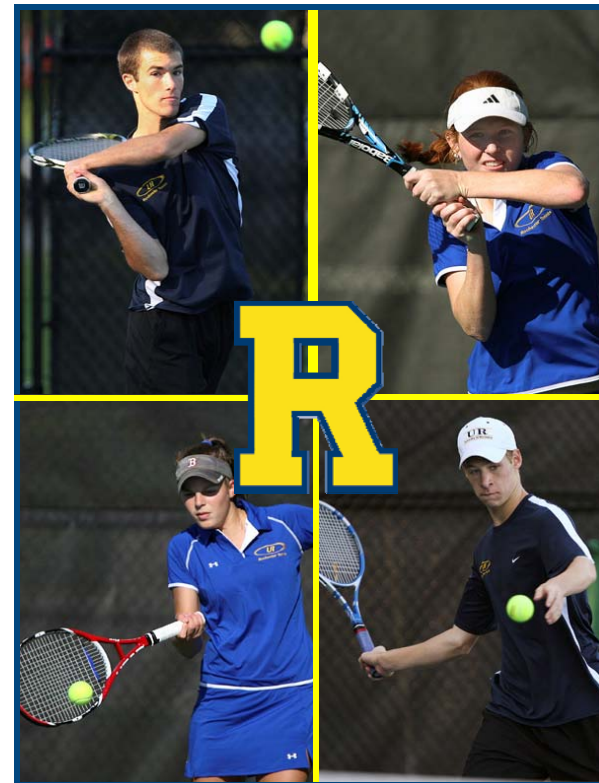
Full Day campers will play on the outdoor courts at the Peter Lyman Tennis Center, while the Half Day campers (under 10 years only) will play on the indoor courts at the Goergen Athletic Center.



All campers will have the opportunity to cool off in the pool after a fun-filled morning of tennis.



University of Rochester Summer Tennis Camp 2009



Full Day: 9:00am-3:00pm
Half Day: 9:00am-12:00pm
*(Under 10 years of age only for
Half Day camp)*

Session I: June 29 – July 3
Session II: July 6-10
Session III: July 13-17
Session IV: July 20-24

UR Summer Tennis Camp for boys and girls ages 6-18 is directed by the University's Head Tennis Coach Matt Nielsen. Camp instructors are tennis teaching professionals and college varsity players. Camp is run at the University's indoor and outdoor tennis facilities. Daily schedule includes a variety of activities that contribute to the development of tennis skills and overall athletic ability of campers. Half-Day sessions are available for children under 10 years old. All participants receive a camp T-shirt.



Matt Nielsen
 Head Men's & Women's Tennis Coach
 Sixth year at UR. Played four years at Penn State University. Professional Level 1 certification from the USPTA.



Alicia Papa
 Assistant Men's & Women's Tennis Coach
 First year at Rochester. Played four years of Division I tennis at Xavier University. Professional certification from the USPTR.



Julie Shapiro
 Assistant Men's & Women's Tennis Coach
 Second year with the Yellow-jackets. Started all 4 years on Elmira's varsity tennis team.

For more camp information, please contact Coach Nielsen by phone at (585) 275-1661 or email at mnielsen@sports.rochester.edu.

Dates

Session I: June 29 – July 3
 Session II: July 6-10
 Session III: July 13-17
 Session IV: July 20-24

Full Day

9:00 AM – 3:00 PM
 Cost: \$280 per week

Special – Sign up for all 4 weeks: \$970

Half Day (under 10 years old only)

9:00 AM– 12:00 PM
 Cost: \$150 per week

Note: A \$50 non-refundable deposit is required with the application by June 15. Full payment is due first day of camp.

On Campus Drop Off and Pick Up Info:
(signs for indoor and outdoor courts will be posted on campus)

Children 10 yrs old and younger:

Please drop off and pick up at the **indoor tennis courts** inside Goergen Athletic Complex (back door access from Faculty Road off Wilson Blvd)

Children 11 yrs and older:

Dropped off and picked up at the Peter Lyman **outdoor tennis courts**

In case of Inclement Weather: Please go to the **indoor tennis courts** (Faculty Rd) when dropping off and picking up your child

All Midday pick-ups:

Come to the indoor courts (Faculty Road)

What to bring (both full and half-day):

- Tennis racquet
- Bathing suit and towel
- Lunch on Mon-Thurs (pizza provided Friday)
- Water bottle

Please fill in the information, tear-off, and return only this portion with a signed liability waiver on the back.

 (Camper's Name)

 (Phone #) _____
 (Date of Birth)

 (Address)

 (City, State, Zip Code)

 (Emergency Contact)

 (E-Mail) _____
 (Total \$ Enclosed)

Method of Payment (Visa, MC or check)
If payment by credit card, please submit card number and expiration date.

Sessions (please check off)

Full Day: ___ I: June 29-July 3
 ___ II: July 6-10
 ___ III: July 13-17
 ___ IV: July 20-24

Half Day: ___ I: June 29-July 3
(under ___ II: July 6-10
10 yrs ___ III: July 13-17
only) ___ IV: July 20-24

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