

Medical Information

Parent/ Guardian:

Name _____

Phone _____

Email _____

Email _____

Primary Doctor:

Name _____

Phone _____



Camp Director:

Tim Ball
4 Michaels Way
Painted Post, NY 14870
607.368.7386



Waiver:

- Please send attached medical waiver or bring a copy with you to the first day of camp
- Please send and/or bring a photo copy of insurance card(s) both front and back
- Please detach this page and fill out all information.
- Payments can be made via:
 - PayPal using ballz716@hotmail.com
 - A Check made out to "GETA" sent to 4 Michaels Way, Painted Post, NY 14870

Camp Helpers:

Varsity Corning Hawks
Tennis Players

GETA Contact:

Jenn Haack
P.O. Box 147
Big Flats, NY 14814

2017 Corning Area Tennis Camp

844.338.4382 | Big Flats, N.Y. 14814
PO Box 147 | GETAtennis.com |
getaracquet@getatennis.com





Youth Tennis Camps

Under the direction of Hawks Varsity Coach Tim Ball, and the support of GETA (Greater Elmira Tennis Association), we will be holding the 3rd annual youth tennis camps intended for ages 5-18 held at the Corning High School tennis courts during the weeks of July 24 -28th and July 31 - Aug 4th.

Goals for each camp are to:

- Teach Fundamentals
- Tennis Terminology
- Game Play and Strategy
- Fitness and Agility
- Games and Fun

Grades are as of September 2017

Session 1

8:00am - 10:00am

For Kindergarten (current or entering) through 4th Grade

Session 2

10:15am - 12:15pm

For 5th - 8th Grade

Session 3

12:30pm - 2:30pm

For 9th - 12th Grade

A child may participate in other or multiple sessions at Coach balls discrepancy

Cost:

- \$75 per week includes 1 year membership to GETA
- \$130 for both weeks if signed up in advance
- \$60 per week for each sibling
- If signed up before July 1st, each child will receive a FREE camp T-shirt and FREE pizza party on Thursday of camp

Weather Policy:

If there is more than one day of cancellation due to rain, we will offer **Saturday, July 29th**(week 1) and **Saturday, August 5th**(week 2) for additional camp days.

Information

Player's Name: _____

Address _____

Phone _____

Age _____ Grade(17/18)year _____

Tennis Experience _____

Email _____

Emergency Contact:

Name _____

Phone _____

Additional Permission to pickup child:

Name _____

Phone _____

Name _____

Phone _____

Circle One:

Week 1 Week 2 Both

T-shirt Size:

Circle: Child Adult

Circle: S M L XL

Photo Release: I give permission for my child to be photographed/videotaped by Tim Ball or a representative from GETA to be used solely for teaching purposes and/or future promotional opportunities:

Parent: _____