

LEVEL

Please provide the following camper information:

Name_____

DOB_____

Gender_____

Years been playing_____

Level: ____Beginner ____Intermediate ____Advanced

Parents Names:_____

Address_____

Email_____

Cell_____

Health issues_____

I/WE, the parents of _____ hereby release LEVEL7 TENNIS CAMP, it's agents, owners and employees from any claims for accident, injury or loss of valuables that may occur during my/our child's camp visit. My/our signature below acknowledges my/our release and waiver of any claim for damages from any such accident, injury or loss.

Parent's Signature

Date
