



**THANK YOU FOR REGISTERING FOR THE 2017
TENNIS CAMP AT UNIVERSITY OF NEW ORLEANS!**

The information in this packet is **VERY IMPORTANT**, so please read it thoroughly, fill out the enclosed forms, and feel free to call us with any questions tennis4duphooy@hotmail.com **attention Abrie du Plooy**

- All Campers: Sunday at 3:00pm at the University
- Tennis Facility at the courts (see address below). The courts are next to the Lakefront Arena
A gift bag and food will be given to all campers when they arrive.
 - The Overnight campers will be taken to the dorms after tennis from 4:00 — 7:00pm.
 - Campers should come dressed to play as we will head straight to the courts after check-in.
 - Campers will need to bring swimwear as there will be the opportunity to use the swimming pool right next to the courts.
- **Check-out:** Friday at 11:30am for all **campers**. Day Campers should be dropped off everyday (except check-in day) by 9:00am. Pick-up time is at 4:00pm daily.
 - **We would provide lunch and 3 meals for overnight campers**
 - **Day Campers should bring:** We recommend that all day campers bring a daily pack with the following items: racquet, water bottle hat/visor, sunscreen, spending money, and snacks.

University of New Orleans Tennis Facility 6601 Franklin Avenue, New Orleans, LA

In case of emergency, contact information below: **Director: Abrie DuPlooy**
Phone: 985-634-6229

Lunch is provided each day for all Day campers. We recommend \$40 a week for spending money to cover any
Please fill out the attached health and release forms and bring them with you to camp check-in. **Campers will not be admitted to camp without these forms.**

Camper bags may be inspected upon check in or at any time during camp to ensure no drugs, alcohol or other improper substances are brought to camp. Drugs, alcoholic beverages and cigarettes are strictly forbidden and constitute, along with general misconduct, grounds for immediate dismissal from camp without refund or credit.

- Campers stay **2** per room and are assigned by age and roommate requests.
- Beds are Twin XL.
 - If you have a **roommate** request, and have not already given it to us, please do so **no later than 14 days before the start of camp.**
 - If you don't have a roommate request, you will be placed in a room with someone near your age. It will be a great opportunity to meet someone new!

FINAL PAYMENTS

The Camp Tuition balances are due as follows:

- For camps with June start dates, balance due May 31st
- For camps with July start dates, balance due June 1st
- For camps with Aug start dates, balance due July 1st

Your confirmation shows your balance due and **you will not receive another invoice from us**. If you have paid your deposit by credit card, we will not automatically charge the balance due, unless previously authorized to do so*. Please send a check or call us to authorize the charging of your balance to your credit card.

***Any camp fees that are still outstanding on the start date of your camp, or any damages and/or expenses incurred by the camper during their stay at camp, will be charged to the credit card on file.**



You acknowledge and agree to assume and be fully responsible for all property or other damage to the room or any other facility used at the NIKE Tennis Camps.

CANCELLATIONS

Once registered, if you have to cancel for any reason, you will receive a camp voucher for all Wilson Tuition payments made, valid through 2017/8, for any Wilson Tennis Camp, transferable to an immediate family member.

Cancellation Protection:

- Must have been purchased at time of registration
- Must cancel prior to your "balance due" date and you will receive a refund of all camp tuitions made.
- If you cancel after your "balance due" date, you will receive a camp voucher valid through 2018, for any Wilson Tennis Camp, transferable to an immediate family member.

There is no charge for changing session dates or camp location. In the unlikely event Wilson Tennis Camps cancels your camp session, we will refund all of your camp fees, plus the registration fee.

Camper waives any and all damages that may otherwise arise out of any camp cancellation and agrees to accept as liquidated damages said registration fees.

THINGS TO REMEMBER!!!

Below is a suggested list of clothes, equipment and personal items. Wilson Camps and University of New Orleans are not responsible for lost or stolen articles or money. **DO NOT** bring valuable items, such as radios, expensive cameras, iPods, etc, to camp with you. We recommend that you do not send unnecessary items of clothing, which can get lost, and don't forget to label every article of clothing and equipment. Laptops and tablets are **NOT** allowed at camp. Camper bags may be inspected upon check in or at any time during camp to ensure no drugs, alcohol or other improper substances are brought to camp.

Clothing / Other items

- Top — 6 t-shirts/shirts
- Bottoms — 6 skirts/shorts
- Tennis Racket(s) (labeled)
- Comfortable tennis shoes (1-2 pairs/NO running shoes... non-marking shoes required)

- 6-8 pairs of socks
- Casual clothes
- Pajamas/underwear
- Bathing Suit

- Sun Block/Hat and/or Visor
- Water Bottle
- Toilet/personal items, including insect repellent
- Laundry Bag
- Bath Towels
- Multiple outlet power strip

- **Dorms have airconditioning**
- **Please bring bedding — pillow and case, sleeping bag or sheets and a light blanket. International players don't need to bring these items**

* Don't forget to label every article of clothing, equipment and other items that you bring to camp. Label Daddy peel and stick washable labels are super durable labels for the gear you bring to camp!



TRAVEL

Wilson Tennis Camps provide transportation to/from camp from airport, train stations or bus depots. If you fly into camp, we recommend that you fly into New Orleans International Airport and email us your arrival date, time, airline and flight #

**WILSON TENNIS CAMP- FUTUTRE TENNIS INC
*BRING THIS FORM WITH YOU TO CAMP***

(You will not be admitted to camp without this form, completed and signed on both tones.)

CAMPER'S _____ **NAME** _____

CAMP _____

LOCATION: _____ CAMP DATES: _____

Sex: _____ Birthday: _____ Age: ____ Weight: _____ Height: _____

Address _____ City _____ State _____ Zip _____

Home Phone (_____) Work Phone (_____) Cell Phone _____

E-Mail _____

My Phone Number while named camper is at camp (if different from above) C _____

Person to contact in the event I cannot be reached _____

Phone number of emergency contact person (_____)

HEALTH & GENERAL HISTORY

If the camper should be restricted from any activity please note: _____

_____ If the camper will be taking medication during camp, please indicate name of drug and dosage:

Please identify any medical condition or medical history that would require special attention:

I hereby certify that the named camper is in good health and fully able to participate in all activities of the Sports Camp and that I know of no restrictions, physical impairments, or any other facts, which in any manner limit his/her participation in such a program:

Signed: _____ Date: _____

Please circle those illnesses or conditions that the camper has had:

German Measles Measles Mumps Asthma Chicken Pox Pneumonia Diabetes High Blood Pressure

IMMUNIZATIONS		ALLEGERIES		DRUG REACTIONS	
TYPE	DATE	TYPE	YES/NO	TYPE	YES/NO
Tetanus Toxoid		Hay Fever		Sulpha	
Polio Vaccine		Asthma		Penicillin-	
Tuberculin Test		Eczema		Antibiotics (Type)	
Measles		Insect Stings		Aspirin	
Rubella		Nuts		Other	
Mumps		Other		Other	

HEALTH INSURANCE INFORMATION

Carrier Name: _____ Policy Number: _____

Policy Holder Name: _____ Policy Holder Date of Birth: _____

I, the parent (guardian) of _____, give permission for the named camper to receive emergency medical or surgical treatment and hospitalization if necessary. I understand that good faith attempt will be made to contact me, or the emergency contact named above, before taking this action. I will be financially responsible for any medical attention needed during camp or resulting from an injury received at camp. My medical insurance shall be the insurance coverage for any medical treatment. I further agree that my child can receive over the counter remedies. (Tylenol, Sudafed, etc.) Please initial this box if you DO NOT want your child to receive over the counter medications. For good and adequate consideration, which I acknowledge I have received, I hereby grant, release, and quit claim to Future Tennis Inc royalty free the right and authority to use, reproduce, and distribute, quoted material, my child's photograph, likeness, recorded voice or videotaped filmed appearances (the "Materials") for promotional and advertising purposes as Future Tennis Inc in its sole discretion will deem appropriate.

I HAVE READ THE REGISTRATION PACKET AND FULLY UNDERSTAND OUR OBLIGATIONS STATED THEREIN AND ALSO THE RIGHTS OF FUTURE TENNIS INC., AND HERBY AGREE TO ACT IN ACCORDANCE.

Signed _____ Date: _____

**RELEASE OF
NEW ORLEANS**

LIABILITY -READ BEFORE SIGNING – Wilson Tennis Camp 2017 @ University of

In consideration of my minor child/ward _____ ("my child") being allowed to participate in this sport camp program, its related events and activities, I, the undersigned, acknowledge, appreciate, and agree that:

1. The risk of serious injury from the sports activities involved in this program is always present due to the nature of the sport (s); and there are also risk of injury from such outside camper activities to which you may consent, and
2. FOR MYSELF, SPOUSE, AND CHILD, 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 child's participation; and
3. I willingly agree to comply with the program's stated and customary terms and conditions for my child's participation. If, however, I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from participation and bring such to the attention of the nearest official immediately; and
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS the Camp, Future Tennis Inc, their officers, directors, officials, agents, owners and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for activity ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, OR LOSS OR DAMAGE TO PERSON OR PROPERTY, regarding my child and/or arising from his/her activities, WHETHER ARISING FROM NEGLIGENCE OF THE RELEASEES OR OTHERWISE, except for willful misconduct, or otherwise to the fullest extent of the law.

I HAVE READ THIS HEALTH FORM AND RELATED CERTIFICATIONS, THE RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND THEIR TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Dated: _____ Parent or Guardian: _____