

**Garnet Valley Area Girls High School Age
Pre-Season Strength, Acceleration and Tennis Camp Registration Form**

August 4-8, 2008 9 AM to 3 PM

At Garnet Valley High School (Rain Site – The Healthplex Sports Club, 610 328-8898)

Name _____ Age _____ Grade _____

Address _____ City _____

State _____ Zip _____ E-Mail _____

Home Telephone # _____

In the event of an emergency, contact: _____

Cell/Emergency phone # _____

Any medical information or limitation that the instructors should be aware of:

The above listed child has my permission to participate in the Pre-Season Tennis Camp run through the Healthplex Sports Club. I assume total responsibility for my child's behavior. I also authorize any personnel of the program to act in my behalf in the event of an emergency. By signing this document, I acknowledge that I have voluntarily chosen to participate in a program of progressive physical activity. I acknowledge being informed of the strenuous progressive physical activity. I acknowledge being informed of the strenuous nature of the program and the potential for unusual, but possible, physiological results including but not limited to weight loss/gain, abnormal blood pressure, fainting, heart attack or death. By signing this document, I assume all risk for my health and well being and hold harmless of any responsibility, the instructor, Healthplex Sports Club, the Crozer Keystone Health System or any persons or entity involved with this [program and testing procedures.

The undersigned agrees that all use of the club's facilities, exercise equipment and courts is undertaken at their child's sole risk. The undersigned agrees that the club is not subject to any claim, damage, injury or damages whatsoever, including, without limitation, those damages resulting from acts active or passive negligence on the part of the club, its owners, agents or its employees. The undersigned agrees that the club is not responsible or liable for articles lost, stolen, in or about the club, or its lockers or for less damage to any property including but not limited to automobiles and the contents thereof.

Parent Name (Print) _____

Parent Signature _____ Date _____

Cost: Check one _____ \$175.00 (Pre-Registration)
_____ \$200.00 (Monday Registration)

Mail to: Healthplex Sports Club
Tennis Department
194 W. Sproul Road
Springfield, PA 19064

Payment: Check # _____

Credit Card # _____ Type _____ Exp _____

For additional information and applications, visit our website: www.healthplex.net
or call 610 328-8898.