# WSU Shocker Tennis Camp Application

Camper Name _____
Address _____
City _____ State _____ Zip Code _____
DOB _____ Age _____ Shirt Size_____ ☐ Male ☐ Female
School _____ Coach Name _____
Parent Name _____ Parent Email _____
Phone (home) _____ Phone (cell)_____

**Camp Waiver Statement**

I verify that my child/ward has been checked by a licensed physician and is physically able to participate in the Shocker Tennis Camp. I understand that participation in the camp will involve instruction in the sport of Tennis and may include vigorous physical exercise or activity involving a multitude of risks, including but not limited to, broken bones, sprains, muscle pulls and head injuries. In consideration of my child/ward being able to participate in the Shocker Tennis Camp, I hereby agree and promise that I will not hold Shocker Tennis Camp nor its employees responsible for any loss, damages, or personal injury received as a result of my child/ward's participation or the conduct of camp directors and/or employees, including negligence. I hereby authorize the directors of the Shocker Tennis Camp to act for my child/ward according to their best judgment in an emergency requiring medical attention, including the authorization of medical treatment. I agree to allow my child/ward to be treated by a certified athletic trainer or licensed physician (if necessary) and to assume all costs related to such treatment. I authorize my insurance company to pay benefits as required for medical treatment resulting from participation. Also, I authorize the disclosure of medical information to my insurance for the purpose of claim. This camp is operated by Brad Louderback and Kevin Montisano and is not operated by, connected with or an official function of Wichita State University or the WSU Intercollegiate Athletic Association, Inc.

_____ _____
Signature of Parent/Guardian Date

**Please select the week(s) you wish to register your camper & select full day or half day:**

| | | | |
|---|---|---|---|
| Week 1 (June 6th – 9th) | $325.00 ☐ Full Day | | |
| | $200.00 ☐ Half Day | Morning or Afternoon | Circle One |
| Week 2 (June 13h – 16th) | $325.00 ☐ Full Day | | |
| | $200.00 ☐ Half Day | Morning or Afternoon | Circle One |
| Week 3 (July 25th – 28th) | $325.00 ☐ Full Day | | |
| | $200.00 ☐ Half Day | Morning or Afternoon | Circle One |

*****Early Bird SPECIAL*****
Application MUST be received by May 7th
Full Day $300.00 Half Day $185.00

Make check payable to: Shocker Tennis Camp
To pre-register send in attached Camp Application Form with check or money order to:

Shocker Tennis Camp
1845 Fairmount Box 18
Wichita KS 67260

Questions? Contact Kevin Montisano at (316) 218-2887 or email kmontisano@goshockers.com