



TOWN OF CLINTON
43 Leigh Street
PO Box 5194
Clinton, NJ 08809
(908) 735-8616 (Main Number)
(908) 735-8082 (Fax)

**2024 Town of Clinton
Kids Tennis Camp
June 17th – June 21st
Monday – Friday
9AM – 10:30AM
(Rising 4th – 8th Graders only)**

The Tennis Camp is limited to the first 12 children, so sign up as soon as possible!

Join 3 Varsity Girls Tennis Players to learn about the basics of tennis through easygoing lessons and fun games! The camp, inspired by Don Berkman's previous Town of Clinton Recreation Kids Tennis Camp, is now revitalized and led by his camp's alumnus! The camp will help rising 4th – 8th graders develop their tennis skills and will involve the kids in fun, informative games to practice! All of the counselor positions are volunteer and all proceeds will go towards the Recreation Committee in order for more events like this to be possible.

HOURS OF OPERATION

Please see below for enrollment options: (Pricing is listed in the pricing section.)

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RAIN OR SHINE

WHEN DOES REGISTRATION BEGIN?

- **Program Registration Enrollment May 6, 2024. All forms are included in this packet.**
 - **Program Registration Enrollment closes on Friday, May 31st, or when maximum registration has been reached.**
 - Checks are to be made out to: Town of Clinton
 - **ALL enrollment information and payment must be MAILED or DROPPED OFF to the following address:**

Town of Clinton, Hunterdon County
43 Leigh Street, Po Box 5194
Clinton, NJ 08809
Attn: Kids Tennis Camp
 - Registration will be confirmed by email.
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PHOTO PERMISSION

Photos of students and activities will be posted on the Facebook account or the camp's Instagram account. Please check the consent for photos on the registration page if you wish to have your child's pictures included.

CODE OF CONDUCT

To ensure the safety and enjoyment of the Town of Clinton Kids Tennis Camp for all involved, children must comply with the expectations below:

- Use of appropriate language – no cursing
- Comply with the rules established by the Tennis Instructors

- Stay in the designated areas
- Display respect toward staff members and peers
- Display respect to property and items belonging to the recreation program
- Respect items that belong to others

Failure to comply with the above expectations will result in removal from the program, with no refund being issued.

MEDICAL NEEDS/CONCERNS

- If your child has a food allergy or requires an Epi-Pen for any reason, they must be able to self-administer during a medical emergency.
 - If your child needs medical attention for any reason, parents and 911 will be notified immediately.
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REGISTRATION PRICING

- \$75 per participant – NO REFUNDS WILL BE ISSUED
 - Checks must be made out to “The Town of Clinton”
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PERSONAL PROPERTY AND MONEY POLICY

Neither the Recreation Committee nor the tennis instructors can be responsible for participants' personal property or money brought to camp. Children are permitted to bring cell phones used for communication. However, children cannot bring video games, toys, or any like items to camp. Note that we will not be responsible for the loss of or damage to these items.

CONTACT INFORMATION

If you have ANY questions in reference to the program, please contact Grace Rogan at g_rogan@icloud.com.

2024 Town of Clinton Kids Tennis Camp Registration Form

(Please type or print all information)

Child's Name _____

DOB _____ Child's Rising Grade _____

T-Shirt Size _____

Parent/Guardian Name 1 _____

Phone _____ E-Mail _____

Parent/Guardian Name 2 _____

Phone _____ E-Mail _____

Emergency Contact

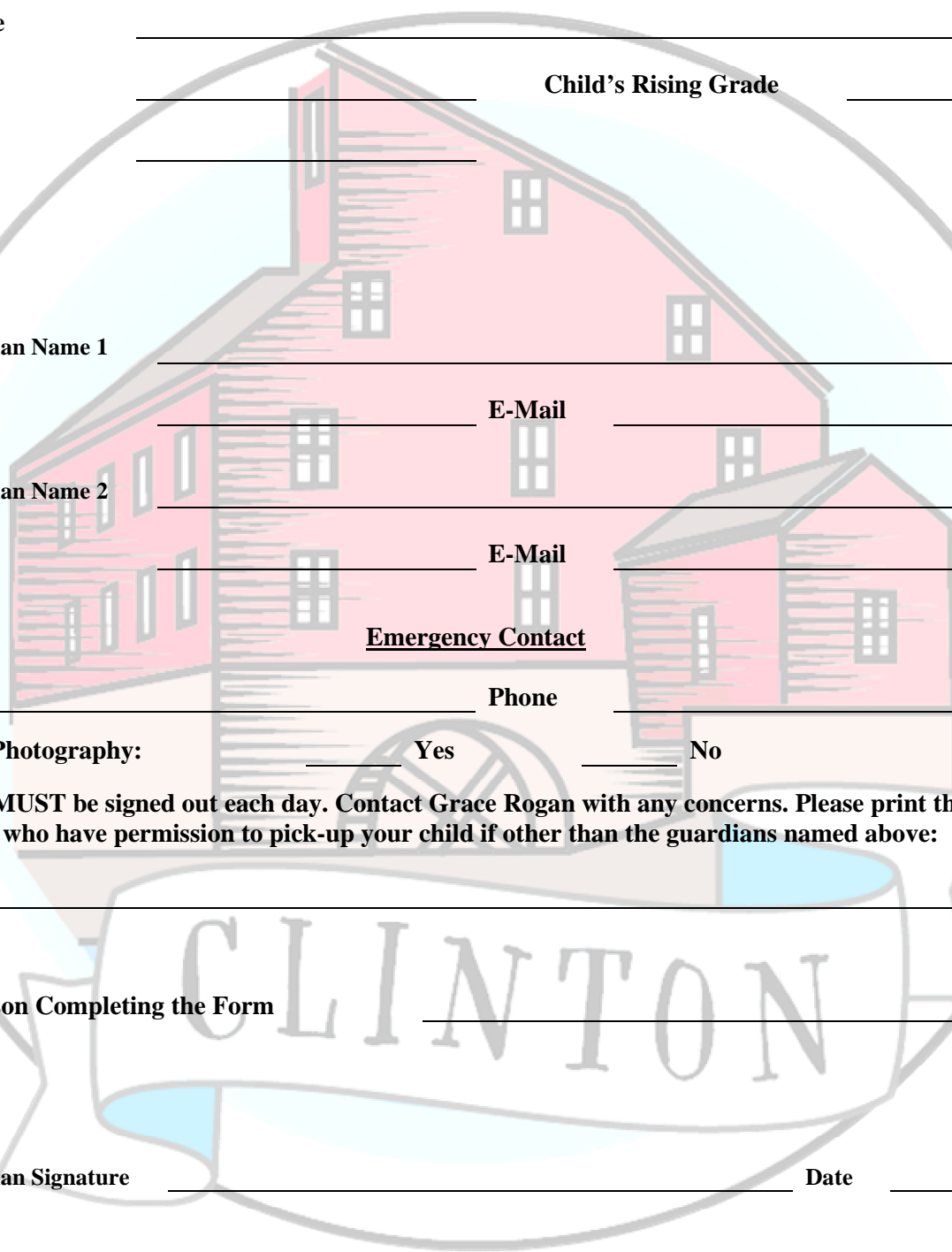
Name _____ Phone _____

Consent for Photography: _____ Yes _____ No

All students MUST be signed out each day. Contact Grace Rogan with any concerns. Please print the name of the person(s) who have permission to pick-up your child if other than the guardians named above:

Name of Person Completing the Form _____

Parent/Guardian Signature _____ Date _____



Health History

- Include items important to program management (chronic conditions, seizure activity, respiratory conditions, physical limitations, vision/hearing deficiencies, medication taken regularly, contact lenses, etc.)

Asthma: _____ Yes _____ No

Inhaler Needed _____ Yes _____ No

Allergies: _____

Usual Signs/Symptoms of allergic reactions: _____

Epi-Pen Needed _____ Yes _____ No

The Town of Clinton Kids Tennis Camp provides basic first aid. Illness/Injury requiring additional care may result in the following:

- Parent/Guardian contact to provide further care.
- 911 for emergency care.

No medication will be supplied/administered by staff

Health Insurance Carrier _____

Health Insurance Number _____

Health Insurance Holder _____

Pediatrician Name/Number _____

Dentist Name/Number _____

Parent Name _____

Parent Signature _____ Date _____

For Office Use Only

Participant(s) name	Check #	Total	Date
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