REGISTRATION FORM—2008 Penn State Tennis Camps

TO BE COMPLETED BY PARENT OR GUARDIAN. TYPE OR PRINT IN INK ONLY.
FILL IN ALL SECTIONS. This form may be copied for additional applications. Your payment, in full, must accompany this registration form.

[__] Tennis Camp I: June 15–19, 2008

[__] Tennis Camp II: June 21–25, 2008

[__] Male [__] Female

_____

Last name First name Middle initial

_____

Penn State ID no.* Birth date (m/d/y) Age

_____

Home address (no. and street or box no.)

_____

City State ZIP code

_____

Home phone Parent's/guardian's e-mail address (optional)

_____

Parent's/guardian's last name First name Daytime phone Home/cell phone

Applicant's grade next fall (circle one): 6 7 8 9 10 11 12

Do you wish to be put on a waiting list if the camp is full? [__] Yes [__] No

Enroll the applicant as a:
[__] Resident Camper $525

[__] Commuter Camper $450

_____

Roommate preference (One name only; the roommate must also complete and mail in a registration form.)

[__] Enclosed is a check or money order, payable to Penn State, to cover the full registration fee.

[__] Parents/Guardians, please check here if either of you is a Penn State alumna/alumnus.

***The Penn State ID will be used as the primary identifier. If you do not have a Penn State ID number, one will be assigned to you when you register for camp.**

CAMPER INFORMATION—2008 Penn State Tennis Camps

[__] Tennis Camp I: June 15–19, 2008 [__] Tennis Camp II: June 21–25, 2008

[__] Male [__] Female

_____

School City

_____

Height Weight

Years of experience in this sport: 0 1 2 3 4 5 6 7 8+

No. on high school team singles_____ No. on high school team doubles_____

Sectional ranking_____ List section_____

National ranking_____

Do you play in tournaments during the year? [__] Yes [__] No Position:

RELEASE

I, the undersigned, as a parent or guardian of _____, a minor, ask that he/she be admitted to participate in this sport camp sponsored by The Pennsylvania State University. In consideration of such admission, I do hereby agree to release, discharge, and hold harmless The Pennsylvania State University, its officers, agents, and employees of and from all causes, liabilities, damages, claims, or demands whatsoever on account of any injury or accident involving the said minor arising out of the minor's attendance at the sport camp or in the course of competition and/or activities held in connection with the sport camp.

Additionally, I authorize Penn State Conferences to photograph, videotape, and/or audiotape my child in promotion of the University's summer sport camps.

I have read and understand the refund policy as stated on the Fee and Registration page.

_____

Parent's/guardian's signature

To apply for camp, complete all three parts and mail to:

Conferences and Institutes Registration
The Pennsylvania State University
Box 108
State College PA 16804

BEFORE MAILING

Did you remember?

1. Include the parent's/guardian's signature on the "Release" and "Emergency Health" forms.
2. Enclose payment in full.

PARENTS/GUARDIANS: Did you sign in all designated areas?

If you have any questions concerning the camp, please contact the Penn State Sport Camps office at 814-865-0561.

EMERGENCY HEALTH—2008 Penn State Tennis Camps

[__] Tennis Camp I: June 15–19, 2008 [__] Tennis Camp II: June 21–25, 2008

[__] Male [__] Female

_____

Last name First name Middle initial

_____

Penn State ID no.* Age

_____

Home phone Home address (no. and street or box no.)

_____

City State ZIP code

Parent's/guardian's daytime phone_____ Home phone_____

Cell phone (if applicable) _____

MEDICAL TREATMENT AND INSURANCE AUTHORIZATION

I hereby authorize the clinical staff of University Health Services, Penn State Center for Sports Medicine, and Mount Nittany Medical Center to provide care that includes routine diagnostic procedures (i.e., x-rays, blood and urine tests) and medical treatment as necessary to my minor son/daughter,

_____.

I understand that the consent and authorization herein granted do not include major surgical procedures and are valid only during the camp. Physical conditions that the clinician should be aware of (allergies, recurring illnesses, disabilities, chronic illnesses, etc.):

_____.

Date of most recent tetanus immunization: _____

(If more than ten years ago, a booster shot is recommended.)

In the event that an illness or injury would require more extensive evaluation, I understand that every reasonable attempt will be made to contact me. However, in the event of an emergency, and if I cannot be reached, I give my consent for physicians and staff at University Health Services, Penn State Center for Sports Medicine, or the Emergency/Outpatient Department of Mount Nittany Medical Center to perform any necessary emergency treatment. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes to the appropriate medical care provider.

I authorize The Pennsylvania State University to receive medical/billing information and submit it to our insurance carrier.

_____

Name of emergency contact Phone

_____

Name of family physician Phone

_____

Parent's or guardian's name (please print) Signature

_____

Please indicate (if applicable) [__] HMO [__] PPO Date

_____

Insurance company Insurance company address (no. and street or box no.)

_____

City State ZIP code

_____

Policy subscriber's name Policy no. Group no.