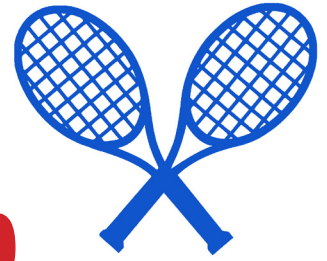




# Kokomo Summer 2023 Tennis Camp



June 19<sup>th</sup> / 20<sup>th</sup> / 21<sup>st</sup> / 22<sup>nd</sup> / 23<sup>rd</sup> \*\*

*\*\*Rain dates following week if needed*

**Kokomo High School Tennis Courts**

**ALL ABILITY LEVELS ARE WELCOME!**

**Boys & Girls entering 2<sup>nd</sup> grade through 8<sup>th</sup> grade**

**Grades 2<sup>nd</sup> to 5<sup>th</sup>: 9 to 10 am**

**Grades 6<sup>th</sup> to 8<sup>th</sup>: 10:30 to Noon**



Coach Travis Taflinger

Conducted by KHS Boys' Tennis Coach Travis Taflinger  
& KHS Girls' Coach Sarah Hemmerich

**Cost:** \$30 - Camp Fee - A camp t-shirt will be provided for those pre-registered by June 6<sup>th</sup>; but will not be guaranteed for those registering the first day of camp, or after June 6<sup>th</sup>

**Questions: Email: [travis@bridgesoutreach.com](mailto:travis@bridgesoutreach.com) or text 765-210-0700**

Tear off completed Application & Consent form; then mail to Kokomo High School Athletic Department:

Attn: Coach Travis Taflinger & Coach Sarah Hemmerich • Kokomo High School Athletic Office • 2501 S. Berkley Rd. • Kokomo, IN 46902

Please make check payable to: Kokomo High School Athletics (KHSA)

## Camper/Parent Application and Consent Form

Camper's Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade (2022-2023): \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_ Allow Text?  Y  N

Parent/Guardian Home Phone Number: \_\_\_\_\_ Parent/Guardian Cell Number: \_\_\_\_\_

Camper's T-Shirt Size (Circle) Youth-S Youth-M Youth-L Adult-S Adult-M Adult-L Adult-XL

**Please sign waiver on back of this registration form.**

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## CONSENT TO PARTICIPATE AND RELEASE OF LIABILITY

I, being the Parent/Guardian of \_\_\_\_\_ give my consent for my child's participation in the 2023 Kokomo Summer Tennis Camp to be conducted at the KHS tennis courts. I do not know of any health problems or conditions that would limit or restrict my child's participation in the camp activities. If my child is injured, I authorize Kokomo Schools and its employees and agents to perform first-aid services and to secure the services of health care professionals to treat my child. I will be responsible for the costs of that care. I understand the participation in the activities at such camps create a risk of injury to my child and I accept those risks. Both my child and I release Kokomo Schools and its employees and agents from any liability for any injury my child may incur during the 2023 Kokomo Summer Tennis Camp for any reason.

Camper: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Please Print)

Parent/Guardian: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Please Print)