

# STEVE JACKSON TENNIS CAMP

## TENNIS CAMP SESSION APPLICATION

### TENNIS CAMP FEES

Select students age:

- 9 years and older (\$500/week full day; \$300/week half day-session)  
 8 years and younger (\$550/week full day; \$325/week half-day sessions)

**BALANCE IS DUE ONE (1) WEEK BEFORE THE START OF EACH SESSION, IF NOT, WEEKLY CAMP WILL BE \$550.00 PER SESSION and \$600.00 PER SESSION for 5, 6, 7 and 8 years old.**

**Weekly Half-Sessions:**  9:00am to 12:00pm or  1:00pm to 4:00pm Monday – Friday  
Please note for students ages 9 years and older the fee will be \$300.00.  
Please note for students ages 8 years and under the fee will be \$325.00.

**BALANCE IS DUE ONE (1) WEEK BEFORE THE START OF EACH SESSION, IF NOT, WEEKLY CAMP WILL BE \$325.00 PER SESSION and \$350.00 PER SESSION for 5, 6, 7 and 8 years old.**

**DAILY SESSIONS ARE AVAILABLE FOR EXPERIENCED STUDENTS 10 YEARS OF AGE OR OLDER, MIDDLE SCHOOL, HIGH SCHOOL AND TOURNAMENT PLAYERS: \$60.00 PER SESSION. FOR BEGINNERS WEEKLY 5 FULL DAYS OR 5 HALF DAY SESSIONS ONLY.**

**BALANCE IS DUE ONE (1) WEEK BEFORE THE START OF EACH SESSION, IF NOT, WEEKLY CAMP AND DAILY SESSIONS WILL BE \$65.00 PER SESSION AND \$70.00 PER SESSION FOR 5, 6, 7 and 8 YEAR OLD.**

**BEGINNERS ARE WELCOME TO SCHEDULE PRIVATE 1-HOUR LESSONS DAILY:**

Private lessons- \$60.00 per hour for students 9 years of age and older.

Private lessons- \$65.00 per hour for students 8 years of age and under.

**PLEASE CHECK SESSION WEEK & CIRCLE AM/PM AND DAYS ATTENDING:**

___ Session 1 AM / PM	June 24 - June 28	M T W Th F
___ Session 2 AM / PM	July 1 - July 5	M T W Th F
___ Session 3 AM / PM	July 8 - July 12	M T W Th F
___ Session 4 AM / PM	July 15 - July 19	M T W Th F
___ Session 5 AM / PM	July 22 - July 26	M T W Th F
___ Session 6 AM / PM	July 29 – August 2	M T W Th F
___ Session 7 AM / PM	August 5 - August 9	M T W Th F
___ Session 8 AM / PM	August 12 - August 16	M T W Th F
___ Session 9 AM / PM	August 19 - August 23	M T W Th F
___ Session 10 AM /PM	August 26 – August 30	M T W Th F

**A deposit of half of the amount of days signing up for is required to reserve your place in each session.**

**CANCELLATION POLICY: NO REFUND or CAMP CREDIT** will be issued if you choose not to attend camp session... NO EXCEPTIONS! In the event of an injury, whether during camp or otherwise, we will issue a pro-rated credit for days missed. However, a doctor's note will need to be provided and/or acknowledgement by camp Director if the injury took place during any given camp session.

STUDENT'S NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
EMERGENCY CONTACT: \_\_\_\_\_  
TENNIS EXPERIENCE: \_\_\_\_\_  
YEARS PLAYED: \_\_\_\_\_  
AGE: \_\_\_\_\_

Please charge the amount due of \$ \_\_\_\_\_ on the card indicated below:

Credit Card Number:  \_\_\_\_\_ Expiration Date:  \_\_\_\_\_

Signature:  \_\_\_\_\_ Date:  \_\_\_\_\_ Initials \_\_\_\_\_  
(Please type your name above if you are paying online) / **Please make checks payable to: Steve Jackson**

# STEVE JACKSON TENNIS CAMP

Telephone: 201-803-5162

Web: [www.stevejacksontennis.com](http://www.stevejacksontennis.com) / Email: [sjaservice@aol.com](mailto:sjaservice@aol.com)

## STEVE JACKSON TENNIS CAMP APPLICATION

CHILD'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CURRENT SCHOOL: \_\_\_\_\_

SCHOOL ATTENDING THIS  
COMING SCHOOL YEAR: \_\_\_\_\_

PARENTS NAMES: \_\_\_\_\_

SIBLINGS NAMES AND  
AGES: \_\_\_\_\_

\_\_\_\_\_

PHONE #: \_\_\_\_\_

CELL #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

WORK #'S: \_\_\_\_\_

\_\_\_\_\_

STUDENT'S DATE OF BIRTH: \_\_\_\_\_

DOCTOR: \_\_\_\_\_

DOCTOR PHONE #: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

ADDITIONAL INFORMATION (please provide any information that would be helpful in acclimating your child to our tennis program):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY PHONE NUMBERS**

*(please include name, number and relationship)*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Please provide any other relevant information about your child.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*A deposit of half of the amount of days for which you are enrolling your child is required to reserve your place in each session. **BALANCE IS DUE ONE (1) WEEK BEFORE THE START OF EACH SESSION, IF NOT WEEKLY CAMP WILL BE \$550.00/\$600.00 FOR A FULL WEEK AND \$275.00/\$300.00 FOR HALF-SESSIONS.***

*REFUNDS CANNOT BE MADE, since enrollment is closed when each session is filled. Every effort will be made to reschedule at our mutual convenience. Credit will be given for another session for this this season if camp is not moved indoors due to rainouts. **NO REFUNDS***

***By signing this application, the undersigned acknowledges that he or she understands that the deposit paid to Steve Jackson is non-refundable after June 1, 2024.***

\_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: (Please type your name above if you are filling out this form online)

I have read and understand all that is required, and agree to accept as stated in all pertinent forms provided.

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Dear Parents:

Please complete and return to us the following forms that are enclosed with this letter: (1) a Health Form to be completed by your child(ren)'s physician; (2) a Field Trip Form; (3) an Authorization for Pediatric Emergency Treatment Form; (4) a Carpool Form; and (5) permission to use child(ren)'s photo(s) for your signature. Also included are: (6) camp policy with respect to releasing children only to parent or legal guardian without written notification and (7) camp policy regarding non-administration of medication.

Thank you for your cooperation,  
Steve Jackson  
Tennis Camp Director

## STEVE JACKSON TENNIS CAMP HEALTH FORM

Name of Camper: \_\_\_\_\_ D.O.B: \_\_\_\_\_ M/F: \_\_\_\_\_

To be completed by Physician with the most recent information:

**PHYSICAL EXAMINATION:**

Height: _____	Weight: _____	Blood Pressure: _____	Pulse: _____
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Dvpt (Tanner Stage) \_\_\_\_\_ General Appearance: \_\_\_\_\_

**(WNL – within normal limits. If otherwise, please specify)**

Ears	Heart	Skin
Eyes	Lungs	Nutrition
Lymph Nodes	Abdomen	Nervous System
Thyroid	Genito-urinary	Speech
Nose	Orthopedic:	Other
Throat	Structure	NOTES:
Mouth/Teeth	Posture	
Gastro-intestinal	Feet	

ALLERGIES: \_\_\_\_\_

**TESTS:**

Hemoglobin/Hematocrit: \_\_\_\_\_ Lead Screening: \_\_\_\_\_ Urinalysis: \_\_\_\_\_  
 Vision: Left \_\_\_\_\_ Right \_\_\_\_\_ Muscle Balance: \_\_\_\_\_  
 Hearing: Left \_\_\_\_\_ Right \_\_\_\_\_ Scoliosis: \_\_\_\_\_  
 Tuberculosis/Mantoux: Date: \_\_\_\_\_ Pos/Neg \_\_\_\_\_ Chest x-ray \_\_\_\_\_

DISEASE HISTORY	Year	Year	Year	Surgeries or Injuries	Year
Lyme Disease		Asthma		Otitis media	
Hepatitis		Chicken Pox		Rheumatic fever	
Neuromusc. Dis.		Convulsive Dis.		Strep infections	
Heart Disease		Diabetes		Mononucleosis	
Other/Notes:		Scarlet Fever		Coxsackie	
				Congenital Defects	

**DATES IMMUNICATIONS WERE GIVEN**

DTP/DTPa					DT				
OPV/PV					MMR				
HEP B					Measles				
HIB					Mumps				
Prevnar					Rubella				
					*Varicella				

\*Mandatory by law as of 9/1/04 or documentation of disease

Participation in sports/physical activities:

Full: \_\_\_\_\_ Limited (please specify): \_\_\_\_\_

Signature of Examining Physician: \_\_\_\_\_

Printed Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Date of Exam \_\_\_ / \_\_\_ / \_\_\_

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## FIELD TRIP FORM

I \_\_\_\_\_ the parent of \_\_\_\_\_  
Please print name Please print name

give permission for my child to participate in – (1) match play with other tennis camps; (2) attendance and/or tennis participation at Maywood Tennis Club; (3) attendance and/or tennis participation at US Open Qualifying Rounds and/or Arthur Ash Kids Day.

I understand these may include entrance into other facilities and that the route of any trip involves no safety hazards.

\_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: (Please type your name above if you are filling out this form online)

I have read and understand all that is required, and agree to accept them as stated in all pertinent forms provided.

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## **AUTHORIZATION FOR PEDIATRIC EMERGENCY AND/OR SURGICAL TREATMENT**

### **EXPLANATION:**

It is our hope that we will never need to use the authorization that is granted on this form. However, for the safety of your children, it is necessary to be prepared in the event of an emergency. Should such an emergency arise and we cannot contact you immediately, this form will be used only when absolutely necessary and only after we've made every attempt to contact you. It has been our experience that doctors and medical facilities are reluctant, and most often, refuse to provide treatment to minors unless they have the authorization from their parents. Since time may be a factor in administering the care that your child may require in an emergency situation, this form would assure all of us that time would not be lost in providing treatment immediately.

### **Authorization**

In the event that my child (or children) requires medical care (and that determination shall be made solely by Steve Jackson Tennis Camp), I hereby authorize the doctor and/or doctors and/or hospitals to which she/he (or they) may be brought, to take and perform all necessary procedures and administer any treatment that may be indicated, including the administration of an anesthesia and/or a surgical procedure, if in the opinion of said doctor or doctors those treatments are necessary, while she/he (or they) is (are) under the STEVE JACKSON TENNIS CAMP jurisdiction.

Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Relationship to child (please print) \_\_\_\_\_

Name of child (please print) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Does family have Blue Cross? \_\_\_\_\_ Hospitalization Policy # \_\_\_\_\_

Other insurance or medical plans, medical or accident insurance – please list and include

Policy Number \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

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Dear Parents,

To ensure the safety of your child, we have established the following policy regarding the release of the children in our care to persons other than their legal parent or guardian

“We will release each child to NO ONE other than his or her legal parent or guardian unless we have received written notification in advance, complete with the name of the person who will be picking up your child.”

During the course of your child’s tennis session, it may be necessary from time to time for you to make alternate arrangements for your child to be picked up. To protect your child’s safety, and to facilitate these alternate arrangements, please provide a note indicating who will be picking up your child. Advance notice is required, without exception.

Thank you in advance for your cooperation.

Steve Jackson

Tennis Camp Director



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## CARPOOL INFORMATION

To ensure a smooth arrival and departure at camp this summer, please give us the names of the people with whom you will be sharing a carpool.

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My child \_\_\_\_\_ will be carpooling (walking) together  
this summer with:

_____	_____
_____	_____
_____	_____
_____	_____

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Dear Parents,

Please be advised that it is our policy not to administer medication to the children during camp.

Thank you for your cooperation,  
Steve Jackson  
Tennis Camp Director

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## AUTHORIZATION FOR USE OF PHOTOS OR VIDEOS

I, \_\_\_\_\_ the parent of \_\_\_\_\_  
(please print name) (please print name)

give my permission to photograph and/or videotape my child(ren). It is my understanding that the photographs and/or videotapes may be displayed on the Steve Jackson Tennis Camp website or may be used by the Steve Jackson Tennis Camp for marketing or promotional purposes. Also, it is my understanding that the Steve Jackson Tennis Camp will not purposefully label the name and age of my child(ren) on such photos or videos.

\_\_\_\_\_  
Date: \_\_\_\_\_

Parent's Signature: (Please type your name above if you are filling out this form online)

I have read and understand all that is required, and agree to accept them as stated in all pertinent forms provided.