STEVE JACKSON TENNIS CAMP

TENNIS CAMP SESSION APPLICATION

TENNIS CAMP FEES

Weekly Half-Sessions: ☐ 9:00am to 12:00pm 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- $70.00 per hour for students 9 years of age and older.
Private lessons- $75.00 per hour for students 8 years of age and under.

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

____Clinic and Private Lessons	June 16 – June 20	M T W Th F
____Session 1 AM	June 23 - June 27	M T W Th F
____Session 2 AM	June 30 - July 4	M T W Th F
____Session 3 AM	July 7 - July 11	M T W Th F
____Session 4 AM	July 14 - July 18	M T W Th F
____Session 5 AM	July 21 - July 25	M T W Th F
____Session 6 AM	July 28 – August 1	M T W Th F
____Session 7 AM	August 4 - August 8	M T W Th F
____Session 8 AM	August 11 - August 15	M T W Th F
____Session 9 AM	August 18 - August 22	M T W Th F
____Session 10 AM	August 25 – August 29	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: _____

Venmo Account: @payandplay / 201-803-5162

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**

You can mail your application along with payment made to Steve Jackson at:
Steve Jackson, P.O.. Box 1051, Hackensack, NJ 07602
Alternatively, you can arrange to drop it off in person during private lessons and/or clinics.

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Telephone: 201-803-5162
Web: www.stevejacksontennis.com / Email: 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, 2025.

_____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: _____

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.

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.