



**Summer Camp 2024**  
**Humboldt Tennis Club Registration Form**  
Monday-Friday 1PM – 5PM  
At Arcata High School

**Participant Information**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

**Previous Tennis Experience**

Years Played \_\_\_\_\_

**Shirt Size: (Circle One)**

**Youth:** Small (6-8), Medium (10-12), Large (14-16)

**Adult:** Small, Medium, Large, X-Large, XX-Large

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**Parent contact Information-** Please provide the best number to reach emergencies

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Contact Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Alternate Contact Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\*Weather updates are posted on FACEBOOK.COM/HUMBOLDTTENNISCLUB

**Cost\*: \$175**  
\*Must pay \$30 for each additional week to hold a place.  
Balance is due 1 week before camp week start date.

**Event: (Check all Dates) All Camp Hours: Monday-Friday from 1 PM to 5 PM**

Week 1: June 24 <sup>th</sup> -28 <sup>th</sup>	Week 5: July 22 <sup>nd</sup> -26 <sup>th</sup>
Week 2: July 1 <sup>st</sup> -5 <sup>th</sup>	Week 6: July 29 <sup>th</sup> -Aug 2 <sup>nd</sup>
Week 3: July 8 <sup>th</sup> -12 <sup>th</sup>	Week 7: Aug 5 <sup>th</sup> -9 <sup>th</sup>
Week 4: July 15 <sup>th</sup> -19 <sup>th</sup>	Week 8: Aug 12 <sup>th</sup> - 16 <sup>th</sup>

Make Checks Payable to: **Humboldt Tennis Club**  
Email to: [humboldttennisclub@gmail.com](mailto:humboldttennisclub@gmail.com)  
Mail to: **Humboldt Tennis Club: 600 F Street Ste. 3 #820 Arcata, CA 95521**  
**Any Questions call Peter at 707.616.4781**

**Summer Camp 2024  
Humboldt Tennis Club Medical Release Form**

**EMERGENCY INFORMATION & LIABILITY RELEASE FORM**

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

Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_

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

Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_

Allergies: \_\_\_\_\_

Other Medical Conditions: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Player's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**In an emergency, when parent/guardian cannot be reached, please contact:**

Name: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_

Name: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_

**PLAYER OR PARENT/GUARDIAN AGREEMENT**

I, as the adult-age player or the parent/guardian of the registered, minor player, agree to abide by the rules of the Humboldt Tennis Club, USTA and its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with tennis and in consideration for the Humboldt Tennis Club and USTA accepting the player for its tennis programs and activities, I hereby release, discharge and/or otherwise indemnify the Humboldt Tennis Club, USTA and its affiliated organizations and sponsors, their employees and associated personnel, including the owners of courts and facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the program and/or being transported to or from the same, which transportation I hereby authorize.

**Adult Player or Parent/Legal Guardian of Minor Player**

(Print) Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**CONSENT FOR MEDICAL TREATMENT**

As the adult player or parent/legal guardian of a minor participant in Humboldt Tennis Club/USTA programs, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of the player.

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

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**Any Questions call Peter at 707.616.4781**

## Assumption of Risk and Waiver of Liability Relating to COVID-19

The novel coronavirus (“COVID-19”) has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. Humboldt Tennis Club has put in place preventative measures to reduce the spread of COVID-19; however, we cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending the summer program could increase your child(ren)’s or your risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the summer program and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the Camp may result from the actions, omissions, or negligence of myself and others, including, but not limited to, staff, coaches, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)’s attendance at the summer tennis camp or participation in programming (“Claims”). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless Humboldt Tennis Club and Arcata High School, and all of their current, former, and future agents, representatives, and employees and related entities of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Humboldt Tennis Club, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any summer program.

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Signature of Parent/Guardian

Date

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Print Name of Parent/Guardian

Name of Student Participant(s): \_\_\_\_\_

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