

# Bucks County Racquet Club

## JUNIOR TENNIS ACADEMY - SUMMER CAMP

P.O. Box 515 ▶ 1150 Lord Sterling Road ▶ Washington Crossing, PA  
215-493-5666 ▶ [www.BucksCountyRacquetClub.com](http://www.BucksCountyRacquetClub.com) ▶ [bcrc3@comcast.net](mailto:bcrc3@comcast.net)

Dear Parent(s) or Legal Guardian:

Thank you for enrolling your child in the Bucks County Racquet Club Tennis Academy summer camp. Below you will find basic information that will help you prepare your child for camp.

### **ARRIVALS AND DEPARTURES**

We strongly suggest that campers arrive 10 minutes early; Junior and Young Star Camp begins promptly at 9am. Teaching Pros attempt to wait until all students have arrived to start their activities, so timeliness is appreciated. Upon arrival each morning, children must be signed in at the main desk area. They will then be escorted to the teaching staff. When picking up at the end of the day, our staff will release children only to a parent or person authorized to pick up as per the general information form filled out at the time of enrollment.

### **ITEMS TO BRING TO CAMP**

*Full Day Juniors should bring:*

- A brown-bag lunch (*Mon thru Thurs only, club provides pizza Friday. Parents please note: Kids may not leave club to purchase lunch in the Crossing!*)
- Drink (i.e. bottled water, gatorade, etc.), Snack for mid-day
- 1 change of clothing in the event it's needed and **sunscreen**

*Half Day Juniors & Young Stars should bring:*

- Snack for mid-morning
- Sunscreen
- Young Star students should bring an art smock (old t-shirt, etc.)

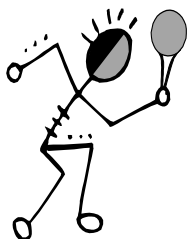
If you choose not to pack a snack for your child, the club has vending machine snacks, ice-cream, soda and juices that may be purchased. All students who own a tennis racquet should bring it. If a child doesn't have a racquet, the club has demos they may use for free.

### **ATTIRE**

All campers must have smooth, white-soled sneakers. They may wear t-shirts & shorts or tennis clothing. The goal is to be wearing cool, comfortable clothing. Since most of the camp will be conducted outdoors, students should also arrive with sunscreen on. The club will have sunscreen available if your child needs it.

### **JUNIOR CAMP AGENDA**

**8:45-9am** Sign-in  
**9-9:30am:** Warm-up/stretch/cardio kickboxing/  
stroke of the day  
**9:30-10:45am:** Drills for stroke production/footwork  
**11-11:15am:** Snack Break



**11:15-12pm:** Competitive Drills  
**12-1pm:** Lunch-bring your own (*except Pizza Day*)  
**1-1:30pm:** Team Games (*basketball, soccer, etc.*)  
**1:30-3pm:** Fun Tennis Drills, Strategy & Match Play

Once again, we look forward to having your child join us. If you have any questions, please don't hesitate to give our staff a call. We promise to make your child's experience at BCRC's Tennis Academy a happy and fun-filled one!

Sincerely,  
The Agnello Family/General Mangers/Owners

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# BCRC Tennis Academy Camp Medical Waiver Form

## GENERAL INFORMATION (Please print clearly)

Child's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

## EMERGENCY INFORMATION

Please provide the name of someone who can be contacted in the event of an emergency and the parent(s) cannot be reached.

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

Relationship to Child: \_\_\_\_\_

People, other than parents, authorized to pick up your child. (Please be sure your child knows who will be picking him/her up)

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

## PARTICIPANT'S WAIVER AND RELEASE

BCRC's Tennis Academy offers a program that includes, but is not limited to, tennis instruction, tennis matches and other activities as designed and implemented by our tennis pro staff. I, the undersigned, or the parent or legal guardian of the participant listed below to certify that the participant is in good health and is able and willing to participate in such program.

Furthermore, (name of participant) \_\_\_\_\_, has my permission to participate in the Tennis Academy at BCRC, Inc. In consideration for this sponsorship, I/we hereby assume all risks and hazards associated with the participation of the above-identified individual and the program and agree to hold harmless BCRC, Inc. and all staff from any and all claims for personal injury or damage to property arising out of the participation in this program whether the result of negligence or any other cause.

I agree that BCRC, Inc. shall have the right at its discretion to enforce established rules of conduct and/or terminate my child's participation for failure to maintain these standards or for actions or conduct detrimental to or incompatible with the welfare, comfort, harmony or interest of the group and its program as a whole.

I hereby grant BCRC, Inc. and any of their directors or staff full authority to take whatever action they consider to be warranted regarding my child's health and safety, and I fully release all of them from any liability for such actions taken on my child's behalf.

## MEDICAL HISTORY AND CONSENT FOR MEDICAL TREATMENT OF MINOR

Describe if your child has any allergies: i.e., medicine, food, insects, sun, grass, etc. or any other medical situation you feel the camp director needs to know (i.e. autism, bipolar, etc.): \_\_\_\_\_

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I hereby give my permission for any and all medical attention necessary to be administered to my child in the event of an accident, injury, sickness, etc. This attention to be given under the direction of the Tennis Academy staff until such time as I may be contacted. I further authorize the Tennis Academy staff in my absence to authorize immediate first aid to my child and emergency transport to the appropriate medical care facility.

I understand that no health, and/or accident insurance is provided for participants and I also hereby assume the responsibility for payment of any such treatment and release BCRC, Inc. and its staff from any and all liability or claims arising out of an injury, accident or sickness to my child.

I certify that I am the parent or legal guardian of the participant named above; that I have read the foregoing waiver and release and consent for medical treatment; and that I join in the release without reservation, granting my full consent to all actions provided for therein.

**Signature of Parent or Legal Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_