

BRYANT TENNIS CAMP

June 4,5,6 , 2019

1st-5th 8:30-11am

6th-8th 1pm-3:30pm

WHO?

Boys and Girls entering 1st-5th grades interested in learning or improving tennis skills.

JUNE 4,5,6: 8:30-11am

Boys and Girls entering 6th-8th grades interested in learning or improving tennis skills.

JUNE 4,5,6: 1pm-3:30pm

WHAT TO BRING:

Tennis Racket, Water Bottle, Sweat Towel, Snacks or money for snacks.

WHERE?

Bryant High School Tennis Courts

COST?

REGISTRATION: Before May 15, 2019: \$45 for all three days or if you can not attend all three days then \$20 a day if you would like to pay by the day.

LATE REGISTRATION: After MAY 15, 2019: \$55 for all three days or \$22 a day if you can not attend all three days and want to pay by the day.

THERE WILL BE A SMALL CONCESSION STAND WITH SNACKS AND DRINKS.

HOW DO I SIGN UP?

Make checks payable to **Bryant Tennis Booster**.

Bring Camp Form with Camp Fee to camp. Or mail before May 15, 2019 camp forms to:

ATTN:Coach Angel Dale

Bryant High School

200 NW 4th Street

Bryant, AR 72022

If you are bringing payment to camp then please send an email so we can hold your spot at camp. (Let us know you are coming. ☺)

For more information please call or email Coach Dale at 501-847-5670 (Collegeville Elementary during the day) or adale@bryantschools.org.

(Please fill out the registration form and send/bring in with your camp fees.)

Registration Form

(Please Print)

Name: _____ Age: _____ Date: _____

Grade 2019-2020 school year (circle one): 1st 2nd 3rd 4th 5th 6th 7th 8th

What school do you attend: (Please circle) Bryant Elem, Collegeville, Davis, Hurricane, Hill Farm, Parkway, Springhill, Salem, Bryant Middle, Bethel Middle

Phone Numbers:

Guardian Name and Primary Phone: _____

Secondary phone: _____

Email Address: _____

Mailing Address: _____

List any special medical problems the camp staff should know about:

T-Shirt Size (circle one): Youth Small Youth Medium Youth Large
Adult Small Adult Medium Adult Large Adult XLarge

Emergency Contact Person(s): (Please list two)

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Phone: _____ Phone: _____

Permission Statement:

I, _____, hereby release the Bryant School District
Parent/Guardian (print)
and any camp staff member from the liability for any and all medical problems
sustained during camp activities.

Parent / Guardian (sign)

Office Use Only:

Amount Paid: _____ Ck #: _____ / CASH Date: _____ Rc'd By: _____

