



NORTH SHORE SUMMER TENNIS CAMPS

Dates for the camps

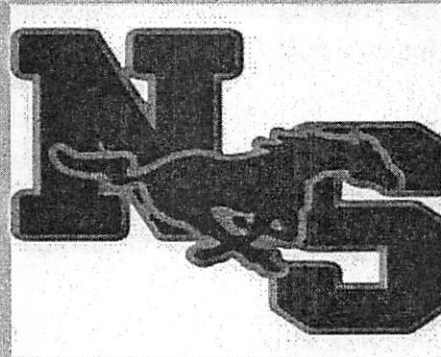
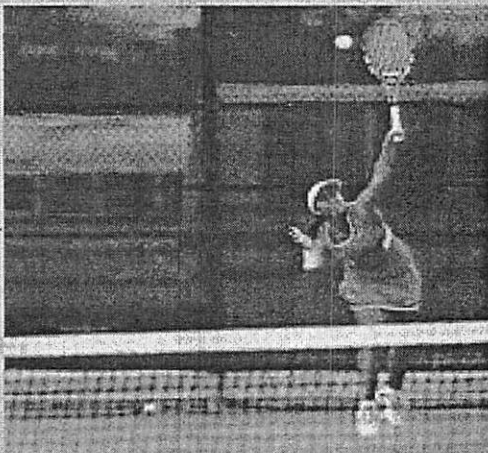
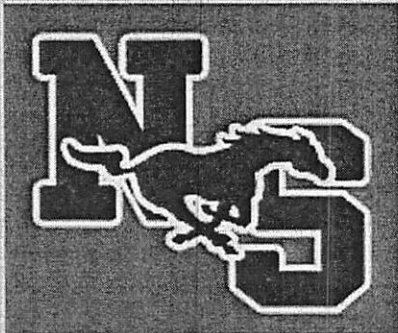


June 19-22 July 10-13 July 24-27
June 26-29 July 17-20 August 7-10

Time 8-11 am daily

Camps will include:

- * one on one instruction
- * group drills & competition



Cost is \$60 for the week.

Courts are behind NSSH beside the softball field.
Address is 353 N. Castlegory, Houston 77015

A waiver for release of any and all medical emergencies on behalf of GPISD will be needed. **SEE BACK**
A parental consent form will be also required stating that your child is physically fit to participate in all camp activities.

Camp instructor will be Head Varsity Tennis Coach at NSSH—Roger Banks rbanks@galenaparkisd.com

Name: _____ DOB: _____

Cell Phone: _____ **Grade (2017-18):** _____

Parent Signature: _____

Make check payable to Galena Park ISD or check district website for on-line payments.

I, the undersigned parent/legal guardian of _____
authorize said child's participation in the GPISD tennis camp. It is my understanding that participation in the activities that make up the GPISD camp is not without some inherent risk of injury. As such, in consideration of my child's participation in the GPISD tennis camp, I hereby release, waive, discharge and covenant not to sue the camp, coaches, athletic department, the Galena Park Independent School District or any of its representatives from any and all liability, claims, demands for possible injury that may be sustained and suffered by my child with their association with or entry into this camp.

If, in the judgment of any representative of the school, the above student, needs immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize and consent to such care and treatment as may be given to said student by any physician, athletic trainer, nurse, hospital or school representative, and I do hereby agree to indemnify and save harmless the school and any school representative from any claim by any person whomsoever on account of such care and treatment of said student. Your signature below gives authorization that is necessary for the school district, its athletic trainers, coaches associated physicians and student personnel to share information concerning medical diagnosis and treatment for your child.

By signing below I also understand that the school insurance does not cover participation in activities that are held in the summer. Galena Park Independent School District and any of its representatives will not be responsible for the handling or payment of medical bills that arise from participation in the GPISD tennis camp.

Parent/Guardian Signature

Date