



Grand Slam Tennis

Meredith McGrath

Wimbledon singles semi-finalist
US Open Mixed Doubles champion

BOYS AND GIRLS, AGES: 7-14

Camp Dates:

June 5th-June 9th
July 24th-July 28th
July 31st-August 4th

Camp Time:

Monday-Friday
9:30 am – 12:30 pm

Cost:

\$225/week

Location:

McAuliffe International School
2540 Holly St.

*****Campers need to bring: water, snacks, sunscreen & a racquet*****

Camps will focus on proper stroke production and swing technique using a combination of drill work and game play to keep the learning fun.

Child's Name: _____ Gender: ____ Age: ____ D.O.B. _____

Parent's Name: _____ Email: _____

Cell Phone: _____

Tennis Experience: _____

Please make check payable to: Meredith McGrath

Mail completed registration form, medical/liability release form, and payment to:

Meredith McGrath
3700 Quebec Street, #100-318
Denver, CO 80207-1639
650.814.9236 (M)

A \$50 non-refundable deposit is required at time of registration. The balance owed is due 4 weeks prior to the camp's start date. There will be **no refunds** for cancellations made less than 14 days prior to the camp start date.



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Name of Participant: _____

Emergency Contact Name: _____ Phone: _____

Medical/Liability Release Form

I do hereby acknowledge and understand that my camper's participation is purely and entirely voluntary, and that there are certain substantial and inherent risks involved in the sport. I further acknowledge that the camp shall not in any way be responsible or liable for any injuries, ailments, infirmities, and/or disabilities, which my camper may encounter or sustain as the result of such participation. I understand the nature of potential risks from injury, and I agree to accept those risks. The camp director has permission to seek medical attention for my camper if it should become necessary. My medical insurance shall be the insurance coverage for any medical treatment. I, the parent (guardian), do hereby agree to the above waiver and release.

Name (please print): _____

Signature: _____ Date: _____

Contact in case of emergency (other than parent): _____ Phone: _____

HEALTH INSURANCE INFORMATION

Insurance Company: _____

Policy/ID Number: _____

Policy Holder Name: _____