

Kingsdale Jr. Tennis Camp Waiver and Release of Liability

Disclaimer: Kingsdale Jr. Tennis Camp is not responsible for any injury or loss of property occurring as a result of playing, practicing, participating in, or any other involvement a person may have in Kingsdale Jr. Tennis Camp for any reason whatsoever, including negligence on the part of the Bella Vista POA, its agents or employees.

In consideration of my child's participation, I hereby release the Bella Vista POA, Kingsdale Jr. Tennis Camp, and their employees, instructors, counselors, and/or agents from any and all present and future claims resulting from negligence on the part of the Bella Vista POA, Kingsdale Jr. Tennis Camp, and their employees, instructors, counselors, and/or agents for property damage, personal injury, or wrongful death, arising as a result of my child engaging in or receiving instruction in Kingsdale Jr. Tennis Camp activities. I hereby voluntarily waive any and all claims resulting from negligence, both present and future, that may be made by my child, myself, or any other family member. NOTE: Your child will not be allowed to participate without this signed consent form.

Signature of Parent/Guardian Date

Witness Relationship Date

Photo Release For Minor Child

I hereby grant Bella Vista Property Owners Association (hereinafter "BVPOA") the absolute right and permission, with respect to any photographs taken in which my minor child appears, to use or publish the photos in any way, in any medium, and for any purpose (including promotion and advertising), and to use my minor child's name in connection therewith. I hereby release and discharge BVPOA from any claims arising from said use, including claims for libel and invasion of privacy.

I have read the foregoing and fully understand and agree to the contents of this Release.

Minor Child's Printed Name

Signature of Parent/Guardian Date



bellavistapoa.com



Authorization for Emergency Care

I hereby authorize any physician, surgeon or dentist on the medical staff of the nearest medical facility in Arkansas, to administer any emergency treatment, procedure or medicine necessary or advisable for my child. I also authorize Kingsdale Jr. Tennis Camp counselors to secure the use of an ambulance, if necessary, for transporting my child to the hospital.

Signature of Parent/Guardian Date

My child has the following medical conditions or allergies in which medical staff should be made aware of:

In case of an emergency, please contact:

Name No. 1 Phone No.

Name No. 2 Phone No.

Insurance Release

Check the appropriate blank and complete information in item 1, if applicable.

_____. 1. This is to certify that my child is covered by the following hospital insurance:

Name of Company Policy Number

And has my permission to participate in all Bella Vista sponsored activities. It is agreed that the Bella Vista Jr. Tennis Camp and instructors are released of all liability in the event of injury.

_____. 2. This is to certify that we have **No Insurance** policy that will cover my child. However he/she has my permission to participate in all Bella Vista sponsored activities. It is further agreed that the Bella Vista Jr. Tennis Camp program and instructors are released of all liability in the event of injury.

Signature of Parent/Guardian Date



KINGSDALE TENNIS CENTER
4 Riordan Drive • Bella Vista, AR 72714 • (479) 855-8174



Keeping Kids on the Courts!

Ages 6-18



KINGSDALE TENNIS CENTER

Junior Tennis Camp 2019

Choose from up to three Tennis Camps:

- June 17-20
- July 8-11
- July 29 - August 1

Open to all players

- For all levels of ability-from beginners to tournament players
- \$190 - Bella Vista POA Members
- \$200 - Recreational Guests

Schedule

- 10:00 Arrival
- 10:30-Noon On Court Drills
- Noon-12:30 Lunch provided
- 12:30-2:00 On Court Drills
- 2:00-3:00 Transition to Pool or Match Play

For more information email us:
Tennis@bvvpoa.com

Exceptional Instruction

- Teaching capabilities to complement all levels of the game for ages 6-18.
- Providing a lasting impression to the youth with fun and informational instruction.
- A positive atmosphere is essential, celebrating all participants!



Junior Tennis Camp 2019 Registration

Fill out both sides of this form and return it with your payment to the address listed.

Participant Name: _____

Age: _____ Date of Birth: _____

Address: _____

City: _____ St: _____ Zip: _____

Parent Name: _____

Phone: _____

Email address: _____

Emergency Contact Phone: _____

Camp Dates: (check dates attending)

____ June 17-20

____ July 8-11

____ July 29 - August 1

Fees: Bella Vista POA Member - \$190 per child
Recreational Guests - \$200 per child

POA Member No.: _____

Payment Type:

Credit Card Check Cash

Please Charge my Credit Card

VISA MC AmExp Disc

Card No: _____

CVW security code: _____ Exp. Date: ____ / ____

Signature _____

Credit card billing address:

Name _____

Address _____

City _____ State _____ Zip _____

Mail registration form and payment to:



KINGSDALE TENNIS CENTER

Bella Vista POA • PO Box 6210 • Bella Vista, AR 72714

BELLA VISTA
PROPERTY OWNERS ASSOCIATION