

Pure Tennis LLC.  
Camp



“We Bring the Game of Tennis to Kids”

At Pure Tennis:

**We offer professional tennis instruction  
and a new way for kids to gain:**

- \* Increased hand-eye coordination and spatial skills
- \* Listening skills and cooperation skills like taking turns and teamwork\* Academic skills through keeping score and counting exercises \* Improved self-esteem and confidence
- \* Increased intellectual and social abilities

Summer Tennis Camps at St. James UMC

**(Ages 4-12) Dates & Times:**

**June 7-11 - 1:00-4:00 pm.**

**July 19-23 - 1:00-4:00 pm.**

**August 2-6 9:00-12:00 am.**

**Cost: \$195 (Full week)**

(minimum of 8 participants per session)

Players should bring a snack and a water bottle.

For more info please contact:

Elizabeth Johnson at

EJohnson@StJamesAtlanta.org or

404-261-2131



Registration for Tennis Camp

Child's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Gender: Male Female

Home #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_

Pediatrician: \_\_\_\_\_

Phone #: \_\_\_\_\_

Allergies or special concerns: \_\_\_\_\_

Checks must accompany registration. Payment must be received prior to first day of camp. Make checks payable to: St. James UMC and return to the CHURCH office.

**\$20 late fee** for all registrations received after May 15, 2010.

Parental agreement: I understand that neither St. James United Methodist Church, nor its employees or volunteers, can be held responsible for any injuries received by my child while en route to or from camp, while attending camp, or in any camp activity. In case of emergency, the church's employees or volunteers have my permission to call doctors, ambulance, or use any hospital in the child's best interest. I give my permission for my child's photo to be used in website and print material.

**Pure Tennis LLC Waiver Form** I hereby release Pure Tennis LLC from any and all claims and liability of any kind of personal injury or property damage due to participation of this program. I certify that my child is in good health and is able to participate in all activities. If any attention is required for illness or injury, I give my permission to a staff member for such care.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_