

TODD TENNIS CAMP REGISTRATION 2025

CAMP DATES: JUNE 9 - JULY 22, 2025

AVAILABLE TO CHILDREN ENTERING K - 8 GRADE

COST TO PLAY IS \$50/STUDENT

COMPLETE THE REGISTRATION FORM, SIGN & MAIL A PRINTED COPY,
ALONG WITH YOUR CHECK PAYABLE TO "TODDTENNIS":

MARY JOSEPH at 1005 ELLEN DRIVE, MIDDLETOWN, OH 45042

Student _____	Contact Phone _____
Parent/Guardian _____	Email _____
Address _____	School Attending _____
City _____	Grade _____
Zip _____	Shirt Size? _____ (YS YM YL AS AM AL)

TENNIS CLASS SCHEDULE

Select your preferred Class Location & Time

Location (A-D): _____ & Time (1-3): _____

(A) Middletown High School 1. Mon & Wed 9-10:15am 2. Mon & Wed 10:30-11:45am 3. Mon & Wed 6-7:15pm	(B) Fenwick High School 1. Mon & Wed 9-10:15am 2. Mon & Wed 10:30-11:45am
(C) Madison Park 1. Mon & Wed 6-7:15pm	(D) Miami University of Middletown 1. Tues & Thurs 9-10:15am 2. Tues & Thurs 10:30-11:45am 3. Tues & Thurs 6-7:15pm

CLASSES START MONDAY 6/9 AND END THURSDAY 7/19 (make-up classes are available)

Children ages 5-8 will compete in a Skills Challenge Monday 7/21 (rain date Wednesday 7/23)

Children ages 9+ will compete in a Tournament Tuesday 7/22 (rain date Thursday 7/24)

Contact Mary Joseph for questions after 5:00pm at 513-594-9650 or toddtennismidd@gmail.com

CHECK OUT OUR WEBSITE TODDTENNIS.ORG AND FOLLOW US ON FACEBOOK

PLEASE COMPLETE PAGE 2 ↓

CONSENT FOR EMERGENCY MEDICAL TREATMENT

Does your child have any medical conditions or allergies? Yes _____ No _____

If yes, please explain: _____

I, the parent/guardian, give my permission for emergency medical treatment due to illness or injury sustained by the child named above in the event I, or the person named below, cannot first be contacted.

Person to contact other than Parent/Guardian: _____ Phone: _____

Relationship to Child: _____

To the best of my knowledge, my child is physically fit, and able to participate, and I agree to furnish a doctor's statement upon request of the R.C. Todd memorial Foundation. I understand that as the parent/guardian, I bear financial responsibility for my child's physical condition. I agree that pictures of my child may be used in ways that promote the Todd Tennis program. I hereby agree that the R. C. Todd Memorial Foundation, its officers and designates, shall not be liable for any injury or loss which my child may sustain while participating in activities of any kind whether sponsored by or under the supervision of the R. C. Todd Memorial Foundation.

Signature of Parent/Guardian: _____ Date: _____