



Scholarship for Summer Tennis & Education Camps

USTA/Virginia Tennis, the Virginia Tennis Foundation, and the Mid-Atlantic Tennis & Education Foundation, will be awarding matching scholarships to tennis and education camps this summer for qualifying juniors. Scholarships to the camp are based on financial need. Matching grant scholarship applications will be taken into consideration for campers with incomes under 50k. A FAFSA form will need to be submitted to prove eligibility. The other half of the matching grant must be awarded to the camper by a USTA Community Tennis Association, USTA National Junior Tennis & Learning organization or other organization. USTA/Virginia Tennis and the Virginia Tennis Foundation are also eligible matching organizations. If your child is between the ages of 10-16, has a commitment from another organization to match this grant and would like to be considered, please fill out the form below.

If your son/daughter does not meet the eligibility requirements listed above, he/she may apply for a partial scholarship from USTA/Virginia Tennis and the Virginia Tennis Foundation. Please complete this application and mark the "partial scholarship" box in the second section of this form.

Camp Candidate Application

Contact Information

| | | |
|--------------------------|--------------|-------|
| Camper's Name | | |
| Parent's Name | | |
| Street Address | | |
| City ST ZIP Code | | |
| Home Phone | | |
| Mother's Work/Cell Phone | | |
| Father's Work/Cell Phone | | |
| Parent's E-Mail Address | | |
| Camper's Birthdate | Camper's Sex | M / F |

Tennis & Education Camp Information

I am applying for a matching scholarship.

The organization secured to match this grant is: _____ for \$_____ (amount)

Parents Total Income (proof of gross income will be required by submitting the FAFSA form): _____

I am applying for a partial scholarship (For campers who do not meet all of the eligibility requirements of the matching scholarship)

The Camp I am applying for is: _____

The Dates of the Camp I am applying for is: _____

Camper Play Level

Tell us what level of tennis player you are:

___ Beginner (you have just started playing and are learning the basics)

___ Intermediate (you have had some instruction, know how to keep score & are looking to improve your technique)

___ Advanced (you have been playing over a year and/or have match play experience)

Parent's Agreement to Terms Matching & Partial Scholarship

I am the parent or guardian of _____. I acknowledge the following:

1. I agree that my child will abide by the camp rules, and I realize that any breach of conduct may result in immediate expulsion from the camp without refund. In the event of such expulsion, the parent or guardian will be notified and will bear all additional expenses incidental to the expulsion of the child, including the entire cost of the transportation of the child back home. The manner, means and scheduling of such transportation will be determined exclusively by the _____ Camp.
2. I agree to the payment schedule, refund policy, and other terms listed in the brochure and/or website.
3. I acknowledge that the _____ Camp reserves the right to use photographs, videotapes and testimonials of campers in publicity and educational materials.
4. I give permission for the _____ Camp and its employees to obtain medical treatment of my child in the event of injury and/or sickness during his or her presence at the camp.
5. I agree to assume sole responsibility for payment of any and all medical, dental, or other expenses incurred as a result of such injury and/or sickness.
6. I understand that I am responsible for carrying health insurance that provides adequate coverage for injuries or illness my child may sustain while participating in the _____ Camp, and I agree to carry such insurance.
7. I will submit a Medical Release Form signed by me and by a physician. I will send or otherwise deliver the Medical Release Form to the _____ Camp so that it is received by the camp office no later than (1) week prior to the child's camp session. I understand that the Medical Release Form must be on file before my child participates in any camp activities and that a missing or incomplete Medical Release Form after the child's arrival at camp will cause my child to sit out of activities.
8. I acknowledge that the _____ Camp reserves the right to limit enrollment in, and/or cancel, any activity if enrollment for such activity is either oversubscribed or undersubscribed.
9. I acknowledge that inclement weather may necessitate changes to the typical daily schedule.
10. I represent and warrant that I have the authority to sign this Agreement, and I execute this Agreement on behalf of my child and on behalf of all other parents or guardians of the minor. Facsimile signatures shall be deemed originals for purposes of this Agreement.

(Signature of parent or guardian) (Date)

Waiver of Liability, Release, Acknowledgement of Risk and Indemnification Agreement

ADVISORY: This agreement (the "Agreement") is legally binding. If any of this Agreement requires clarification, please seek a complete explanation prior to signing. By signing this Agreement, you are waiving the right to bring a court action to recover compensation or any other remedy for accidents, injury or death arising out of your child's presence or activities at the _____ Camp.

I have read the _____ Camp brochure and/or website and give permission for my child to participate in the _____ Camp program..

I am aware that outdoor activities and athletic activities, including tennis, golf, running, walking, athletic conditioning, and related activities are activities which pose potentially serious risks of injury or death to their participants. I am aware of the intrinsic dangers of these activities. I am also aware that, in addition to these activities specifically listed, my child will be engaged in a range of other activities by virtue of his or her presence at and participation in the _____ Camp, within or outside of the city of _____, including traveling in public or private vehicles.

I understand that my child may be injured or die as a result of his or her negligence, the negligence of others, or through no fault of himself or herself or anyone else, because of the nature of the activities in which my child is going to be engaged. I understand that the risks may include, but are not limited to, all manner of accident, injury or death.

I am the parent or guardian of _____. With the knowledge of the foregoing, I hereby acknowledge and voluntarily assume on behalf of my child these and all other risks and exposures while my child is present at the _____ Camp. In consideration of and as an inducement for acceptance of my child as a camper at the _____ Camp and the use of it's facilities, I hereby agree that I shall be responsible for all costs associated with any injury or loss that may be sustained by my child as a result of his or her presence at or participation in the camp. I further agree to waive or release all rights that I or my child, or our heirs, executors, administrators or personal representatives, may have to make a claim against the _____ Camp, the Mid-Atlantic Tennis & Education Foundation, its Board of Directors, employees and agents, and the Commonwealth of Virginia, arising from any damages, injury or death which my child might sustain as a result of his or her presence at or participation in the _____ Adventure Camp, including any damages, injury or death sustained as a result of the activities described above, whether within or outside of the city of _____, and including traveling in public or private vehicles, or as a result of criminal activity, weather or other acts of God, accidents, illness, acts of terrorism or other events beyond the reasonable control of the _____ Camp and the Mid-Atlantic Tennis & Education Foundation except for willful or wanton misconduct by the _____ Camp or its employees.

I promise never to file a lawsuit asserting any claims that are released pursuant to this Agreement, and I agree that in the event I do file a lawsuit, I will pay to the _____ Camp and the Mid-Atlantic Tennis & Education Foundation all of their expenses incurred as a result of such lawsuit, including but not limited to reasonable attorneys' fees. I further agree to indemnify and hold harmless all of the foregoing parties from any claims which I might make or which might be made on my behalf or which others might make against me arising from my child's presence or activities at the _____ Camp.

There have been no promises, warranties or representations pertaining directly or indirectly to this Agreement which are not contained herein. I have read fully and understand and accept the terms of this Agreement. I represent and warrant that I have the authority to sign this Agreement, and I execute this Agreement on behalf of my child and on behalf or all other parents or guardians of the minor.

Facsimile signatures shall be deemed originals for purposes of this Agreement.

Name of child: _____

(Signature of parent or guardian)/(Date)

Other

Please advise our office of any custody agreements relating to your child's stay at camp.

At the conclusion of you son/daughters camp experience he/she will be required to submit an essay regarding their camp experience. This should include what "tip" he/she would give other junior tennis players and why.

Please return this application to:
The Virginia Tennis Foundation
Attn: Camp Scholarships
3229 Brandon Avenue SW Suite 6
Roanoke, VA 24018

www.virginiatennis.com