

# 2014 Summer Tour Registration

*May 4, 2014 by Josh*

## 2014 Summer Tour Registration

The 2014 summer tour is for players 11 – 18. Players younger than 11 years may accompany us if their guardian is a chaperone. Registration fees cover fuel cost, lodging, tournament fees, training, & coaches at tournaments. We have selected hotels with continental breakfasts and made arrangements to stay where it will be possible to store and cook food from the grocery store. This is for nutritional purposes and to help limit extra costs on the trip. Players need to bring money for lunch, dinner, snacks and entertainment.

Players Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Shirt Size: \_\_\_\_\_  
USTA #: \_\_\_\_\_ Doubles Partner: \_\_\_\_\_ (we can help you find a partner)

Option 1: \_\_\_\_\_ Lump sum payment of \$1,450 due on June 2

Option 2: \_\_\_\_\_ 3 equal payments of \$500 due on June 2, June 19, & July 3

\_\_\_\_\_ No refunds will be given after July 1

Please mail payments to: Forest Crest Athletic Club, c/o Josh Basha, PO Box 411, Mountlake Terrace, WA 98043. Please write checks payable to Josh Basha.

## Parent Chaperones

\_\_\_\_\_ All parent chaperones must complete a background check

\_\_\_\_\_ As chaperons we are responsible for the safety of the player. Please do not use alcohol or drugs on the trip. If you must use tobacco please do so in a discrete way so it does not draw the attention of the players

\_\_\_\_\_ Chaperones will be asked to drive players during the trip. When driving on the freeway we will all drive together in a caravan and make scheduled stops together. When driving to tournament sites and entertainment venues please tell Josh Basha where you are going on what players are in your care.

\_\_\_\_\_ Chaperones can enjoy staying with the team for no additional cost.

I \_\_\_\_\_ will be a chaperone for the 2014 summer tour with Basha Tennis. My child is \_\_\_\_\_, I am fully responsible for their safety and well being as well as helping protect all of the participants traveling with the 2014 summer tour.

Chaperon Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

## Medical Information, Release Letter and Permission to Supervise

Players Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Shirt Size: \_\_\_\_\_  
USTA #: \_\_\_\_\_ Doubles Partner: \_\_\_\_\_ (we can help you find a partner)

Father's Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Office Phone #: \_\_\_\_\_

Blood Type: \_\_\_\_\_

Allergies, Medical Conditions, Medical Concerns (please describe and include treatment procedures):

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**Medical Release:** I hereby consent for my child/player to emergency medical and/or hospital service that may be rendered by or at accredited hospitals, by appointment physicians, in the event of an emergency or serious illness.

Signature of parent/guardian: \_\_\_\_\_

Date: \_\_\_\_\_