

2019 Lakers Tennis Summer Camp



Grades: 5 - 9 (in fall of 2019)

Dates: Monday – Friday, August 5 - 9 (5-day camp)

Time: 9:00 a.m. – 12:00 p.m. (Kids café available in the afternoon)

Total Fee: \$105 (\$10 non-refundable fee plus \$95 for 5-day camp fee)

Program Leader: Zak Ganhadeiro

Location: Meet at tennis courts near Apponequet Regional High School

Rain location: Apponequet Regional High School Gym

If you have your own tennis racket, please bring it. We will provide tennis rackets for those that do not have one. Please wear sneakers, apply sunscreen, and bring a water bottle and nut-free snacks. All campers will receive a camp T-shirt, water refills and freeze pops.

To receive a camp T-shirt, the \$10 non-refundable registration fee and registration form must be submitted by Friday, July 12, 2019. Balance must be paid July 26, 2019.

Online payment link Comm Rec Campus Programs: [UNIPAY](#)

If you are going to be late at pickup, please contact Diane Czapiga, Campus Programs Director, at 508-923-2000 Ext. 1719 or email at dczapiga@freelake.org. There will be a \$10 fee for anyone arriving more than 10 minutes late.

Any questions, call Diane Czapiga, Campus Programs Director, at (508) 923-2000, Ext. 1719 or e-mail: dczapiga@freelake.org. Visit our [District Website](#) click on Parents & Community Tab, then [Campus Programs Link](#) for all summer camp information.

2019 Tennis Camp (Grades 5 – 9)

Name: _____ Grade (in fall 2019): _____ Online Payment: _____ or Check No: _____

Address: _____ Check Amount: _____

Telephone: _____ Emergency Contact and #: _____

E-Mail (print clearly): _____ Medical Conditions: _____

Going to Kids Café at 12:00 (Please circle) YES or NO Need tennis racket: YES or NO

I hereby release and save harmless the towns of Freetown and Lakeville, the Freetown – Lakeville Regional School Committee and the Freetown – Lakeville Regional School District any and all liability for any injuries, loss, or other claims arising out of or resulting from or incurred during the use of school facilities and property by the person or persons identified above. I agree, by my signature, to abide by the rules of fair play and good sportsmanship policies of the Campus Programs Department.

Parent / Guardian Signature: _____ Date: _____

Checks payable to FLRSD (Freetown-Lakeville Regional School District)

Return Form & Payment to Diane Czapiga at GRAIS
Mail to: Diane Czapiga (Tennis Camp)
Campus Programs Dept.
112 Howland Road
Lakeville, MA 02347

(Office Use Only)

Grades 5 - 9 Check #: _____ / \$10 Registration Fee Paid (Date): _____ Camp paid in full (Date): _____ Check #: _____