

WINGS TENNIS CAMP

JULY 8th-11th

8:00 a.m.-12:00 p.m.

FOR GRADES 6-12

Price: \$350

A HIGH PERFORMANCE CAMP FOR GIRLS



Head Coach
Meaghan Williams

mwilliams@holyanimals.org

Meaghan Williams, (parent: Fiona, Class of '15 and Abigail, Class of '18) took over as the head coach of the Academy of the Holy Angels Varsity Tennis team on March 21, 2019. A Ramsey, New Jersey native, Williams is the eldest of 7 college athletes. Williams was a standout at Ramsey High School (Class of '83) before going on to play at Georgetown University (Class of '87). In her four years at Georgetown (1983-1987), Williams helped lead the Hoyas Women's Tennis program transition from Division II to Division I while serving as captain her senior year. Williams was also awarded the team's Most Outstanding Player Award her senior year.

CAMP LOCATION
Academy of the Holy Angels
315 Hillside Avenue
Demarest, NJ

CAMP SCHEDULE

8:00 - 9:00	Warm-up exercises and games; fitness training
9:00 - 9:45	Small group instruction at various stations
9:45 - 10:15	Small group games
10:15 - 10:30	Snack/Water; Motivational Presentations
10:30 - 10:45	Age appropriate strategy of the game
10:45 - 11:15	Individual skill
11:15 - 11:45	Matches
11:45 - 12:00	Cumulative Review/Wrap-up

Required Equipment:
*Tennis Racquet
*Visor/Hat
*Tennis Sneakers



**Former AHA Players
may be on staff for camp**



For information on other camps:
www.holyangels.org/athletics

**WINGS TENNIS CAMP
REGISTRATION FORM**

JULY 8th - 11th (8:00 a.m. - 12:00 p.m.)

Fee: \$350 Made Payable to "Meaghan Williams"

**Non-Refundable*

**Mail Registration and Health
Forms to:**

*Academy of the Holy Angels
Attn: Athletic Department
Wings Tennis Camp
315 Hillside Avenue
Demarest, NJ 07627*

PARTICIPANT INFORMATION

FIRST NAME _____ LAST NAME _____

AGE _____ GRADE (as of Sept. '24) _____ TENNIS EXPERIENCE (yrs.) _____

ANTICIPATED HS _____ DOB _____ T-SHIRT SIZE _____

PARENT/GUARDIAN INFORMATION

FIRST NAME _____ LAST NAME _____

EMAIL _____ CELL PHONE _____

STREET ADDRESS _____ TOWN _____

EMERGENCY CONTACT _____ CELL PHONE _____

PARENT/GUARDIAN CONSENT

As a parent/legal guardian of _____, I hereby give my full consent and approval for my child to participate in the Wings Tennis Camp at the Academy of the Holy Angels. I understand that good physical condition and freedom from injury are prerequisites to participate in this athletic activity. I certify that I have no knowledge of any physical impairment that would affect my child's participation in this camp program. In addition to giving my full consent for my child's participation, I do hereby waive release, and hold harmless any camp facility, coach, and supervisor by my child in the normal course of participation and activities incidental thereto, whether a result of negligence or any other carelessness.

PARENT SIGNATURE _____ **DATE** _____

Date of last Physical _____

Date of last Tetanus _____

STUDENT NAME _____
(LAST) (FIRST) (MI)

(STREET ADDRESS) (CITY) (STATE) (ZIP) (PHONE)

DATE OF BIRTH ____ / ____ / ____ AGE ____ GRADE 9 10 11 12 (CIRCLE ONE) Sport _____

Mother's Name _____ Father's Name _____

Medical History

MUST BE COMPLETED BY PARENT ANSWER ALL QUESTIONS INCOMPLETE FORMS WILL BE RETURNED

HAS STUDENT EVER EXPERIENCED :	NO	YES	Dates	ALL YES ANSWERS MUST BE EXPLAINED
ALLERGIES				
Asthma /Reactive Airway/ Any Breathing Problems				
Blood Disorders/Nose Bleeds				
Cancer				
Chicken Pox				
Diabetes				
Headaches/ Concussion/ Unconsciousness/Memory Loss/ Head Blow/Black Outs				
Hearing Problems/Hearing Aid				
Heart Disease/Problems with exercise				
Hepatitis				
Hi/Lo Blood Pressure/Fainting				
Hospitalizations/Infections/ER Visits				
Kidney /Urinary Tract Problem				
Medication Reactions				
Menstrual Disorder				
Mononucleosis/Fatigue/Tiredness				
Muscular Disorder/Ligament/ Tendon Damage/Injury/Sprains				
Orthopedic Disorder/ Broken Bones				
Chest Pain/Racing Heart				
Scoliosis				
Seizure Disorder				
Strep Infections				
Surgery/Outpatient Procedures/Tests				
Ulcer/Gastrointestinal Disorder				
Visual Problems/Glasses/Contact Lenses				
Other				

Since the last physical has there been any incident of Heart Attack/Heart Trouble in a family member under 50 years Of age? ___N___Y Any Incident of Sudden Death of a Family Member ? ___N___Y
 Does student take any medication on a regular basis? ___N___Y Name of Medication _____
 Recently stopped a medication? ___N___Y Name of Medication _____
 Has the student ever been advised by a physician not to play a sport? ___N___Y Reason _____

PARENT SIGNATURE _____

STUDENT SIGNATURE _____

DATE _____

STUDENT CONTACT INFORMATION

Student Name _____ Grade in September _____

Address _____ Town _____

Home # _____ Student Cell # _____ Student E Mail _____

Father's Name _____ Home # _____

Place of Business _____ Work # _____

E MAIL _____ Cell # _____

Mother's Name _____ Home # _____

Place of Business _____ Work # _____

E MAIL _____ Cell # _____

EMERGENCY CONTACTS

1. _____ Tel # _____

Relationship _____

2. _____ Tel # _____

Relationship _____

EMERGENCY MEDICAL INFORMATION

Allergies : NO _____ YES _____ TYPE: _____

EMERGENCY MEDICATION : NO _____ YES _____ TYPE : _____

Daily medication : NO _____ YES _____

Asthma : NO _____ YES _____ MEDS : _____

Other : _____

Insurance Co. _____ Policy # _____

THIS INFORMATION WILL BE SHARED WITH ALL APPROPRIATE SCHOOL PERSONNEL AS NEEDED.

Parent Signature _____ Student Signature _____

Date _____

**New Jersey Department of Education
Health History Update Questionnaire**

Name of School: _____

To participate on a school-sponsored interscholastic or intramural athletic team or squad, each student whose physical examination was completed more than 90 days prior to the first day of official practice shall provide a health history update questionnaire completed and signed by the student's parent or guardian.

Student: _____ Age: _____ Grade: _____

Date of Last Physical Examination: _____ Sport: _____

Since the last pre-participation physical examination, has your son/daughter:

1. Been medically advised not to participate in a sport? Yes No

If yes, describe in detail:

2. Sustained a concussion, been unconscious or lost memory from a blow to the head? Yes No

If yes, explain in detail:

3. Broken a bone or sprained/strained/dislocated any muscle or joints? Yes No

If yes, describe in detail:

4. Fainted or "blacked out?" Yes No

If yes, was this during or immediately after exercise?

5. Experienced chest pains, shortness of breath or "racing heart?" Yes No

If yes, explain

6. Has there been a recent history of fatigue and unusual tiredness? Yes No

7. Been hospitalized or had to go to the emergency room? Yes No

If yes, explain in detail

8. Since the last physical examination, has there been a sudden death in the family or has any member of the family under age 50 had a heart attack or "heart trouble?" Yes No

9. Started or stopped taking any over-the-counter or prescribed medications? Yes No

10. Been diagnosed with Coronavirus (COVID-19)? Yes No

If diagnosed with Coronavirus (COVID-19), was your son/daughter symptomatic? Yes No

If diagnosed with Coronavirus (COVID-19), was your son/daughter hospitalized? Yes No

11. Has any member of the student-athlete's household been diagnosed with Coronavirus (COVID-19)? Yes No

Date: _____ Signature of parent/guardian: _____

Please Return Completed Form to the School Nurse's Office