



## ACADEMY *of the* HOLY ANGELS

FOR GIRLS IN GRADES 5-9  
GRADES 10 & 11 INVITE ONLY

**JULY 7-10 | 8AM-11:30AM**

Friday, July 11th - Rain date

- ✓ Teach Fundamental Skills
- ✓ Enhance Individual Skills
- ✓ Build on Teamwork & Sportsmanship

**Reigning #1 Team in Bergen County & #2 in New Jersey!**

**\$320**  
per athlete

\$20 Discount Per Day for  
Returning AHA Players



### Head Coach **Meaghan Williams**

mwilliams@holyanimals.org

Meaghan Williams, AHA parent to Fiona '15 and Abigail '18, took over as the Holy Angels Varsity Head Coach in 2019. As a DI athlete at Georgetown University, Williams captained the Hoyas Women's tennis team and was awarded Most Outstanding Player in her senior year.

**Assisted by AHA Alumnae Players**

### REQUIRED EQUIPMENT

- Tennis Racquet
- Visor/Hat
- Tennis Sneakers



**Register Now**

Please submit the completed form  
& payment to Coach Williams.

**ACADEMY OF THE HOLY ANGELS**  
315 Hillside Avenue | Demarest, NJ 07627

For more information on Holy Angels Camps, visit:  
**[holyanimals.org/athletics/summer-sports-camps](http://holyanimals.org/athletics/summer-sports-camps)**





### Participant Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in Sept. 2025 : \_\_\_\_\_

T-shirt Size: \_\_\_\_\_ Tennis Experience (yrs): \_\_\_\_\_

Anticipated High School: \_\_\_\_\_

### Parent Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

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: \_\_\_\_\_

**Fee: \$320 non-refundable\***

*Cash or Check Only. Check can be made payable to 'Wings Tennis, LLC'*

#### **Registration:**

Please mail the completed registration form, health form, and check to:  
The Academy of the Holy Angels Attn: Athletic Department - Wings Tennis Camp  
315 Hillside Avenue Demarest, NJ 07627.

**Must be completed IN FULL by parent or guardian. Incomplete forms will be returned.**

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

**DATE OF BIRTH** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **AGE** \_\_\_\_\_ **GRADE IN SEPTEMBER** \_\_\_\_\_

**Date of last Physical** \_\_\_\_\_ **Date of last Tetanus** \_\_\_\_\_

Has the 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 the student take any medication on a regular basis? No / Yes Name of Medication: \_\_\_\_\_

Recently stopped a medication? No / Yes Name of Medication: \_\_\_\_\_

Has the student ever been advised by a physician not to play a sport? \_\_\_\_ N \_\_\_\_ Y Reason: \_\_\_\_\_

**Parent/Guardian 1 Full Name** \_\_\_\_\_

Cell # \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

Email \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

*This information will be shared with all appropriate school personnel as needed.*

**Parent/Guardian 1 Full Name** \_\_\_\_\_

Cell # \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

Email \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

*This information will be shared with all appropriate school personnel as needed.*

### **Emergency Contact 1**

Cell # \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

Email \_\_\_\_\_

### **Emergency Contact 2**

Cell # \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

Email \_\_\_\_\_

**By signing below, we are confirming that we have read and agree to the terms outlined above:**

\_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE DATE**

\_\_\_\_\_  
**STUDENT SIGNATURE DATE**