

ORLANDO

TENNIS ACADEMY®

AT WINDERMERE PREP

2018 SUMMER TENNIS FUN CAMP 10 WEEKS (June 4th - August 12th)

\$275 – 5 Days

\$175 – 3 Days M-W-F

Including Swimming pool cool off (with experienced life guard)-9am-2pm* Deposit req'd \$100. 5% discount for siblings and another 5% registration for 4 or more weeks.

Phone: 407 928 6666 Email: info@thetennisteam.com

ELITE TENNIS USA SUMMER TRAINING CAMP FOR TOURNAMENT/STATE PLAYERS

PLEASE DOWNLOAD FROM WEBSITE WWW.ELITETENNISUSA.COM or available at courts.

Schedule

Please Check Week/s Attending

9.00-9.30am Warm-up, Racket Skills, Footwork		Week 6 July 9 th – 15 th	<input type="checkbox"/>
9.30-10.30am Forehands, backhands, volleys	Week 1 June 4 th – 10 th		<input type="checkbox"/>
10.30-10.45am Snack break	Week 2 June 11 th – 17 th	Week 7 July 16 th – 22 nd	<input type="checkbox"/>
	Week 3 June 18 th – 24 th	Week 8 July 23 rd – 29 th	<input type="checkbox"/>
10.45-11.30am Fun Tennis Games	Week 4 June 25 th – July 1 st	Week 9 July 30 th – Aug 5 th	<input type="checkbox"/>
	Week 5 July 2 nd – July 8 th	Week 10 Aug 6 th – Aug 12 th	<input type="checkbox"/>
11.30-12.30pm Swimming or activity			
12.30-1.15pm LUNCH and GAMES			
1.15-2.00pm Serves and Point Games			

Player Name: _____ Age: _____

Beginner Intermediate Advanced (please circle) Allergies: _____

Parent/Guardian: _____ Home Phone: _____

Cell Phone: _____

Cell phone Provider: _____ Email: _____

Emergency contact: _____ Emergency Phone: _____

Please make check payable to WPS. Return this form with payment to WPS lower school office, or main office, or mail to: 6189 Winter Garden-Vineland Road, Windermere, FL 34786

CONSENT AND LIABILITY FORM

Parental/Guardian Consent, Acknowledgement, and Release (to be signed by parent/guardian)

- A. I hereby give consent for my child (ren) to participate in The Tennis Academy tennis lessons/camp at Windermere Preparatory School and The Tennis Team LLC
- B. I know and acknowledge the risks involved in WPS Tennis Academy The Tennis Team LLC participation, understanding that injury is possible in such participation and choose to accept any and all responsibility for his/her own safety and welfare while participating in any tennis related activity. I release and hold harmless WPS , WPS, TheTennisTeamLLC staff/ instructors/ volunteers of any responsibility and liability for any injury or claim resulting from such activity and agree to take no legal action against WPS/TheTennisTeam LLC or WPS staff/ instructors/ volunteers because of any accident or mishap involving participation in tennis related activities of myself son/daughter or family member.
- C. I authorize emergency medical treatment for my child (ren) should the need arise for such treatment while my child (ren) is under the supervision of the tennis instructors. I understand that if medical care is provided by a physician and/or hospital, these expenses will be my responsibility.
- D. I understand if my child's behavior is repeatedly disruptive or disrespectful, he/she will be dismissed without refund.
- E. I grant WPS The Tennis Team LLC the right to photograph, videotape and otherwise record and use my child's name and face in connection with publicity, advertising, and promotional materials without reservation or limitations whether now or hereafter developed.

I have read this carefully and know it contains a release.

Date: _____

Signature of parent/guardian (or participant if over the age of 18):

PARTNERS: Wilson Tennis, Lorraine Burch Realtor, Carlos-Bengoa DDS PA Complete Family Dentist and Implant Center, Salon Christophe Hair color 407-614-5923