

Leopard Tennis Camp

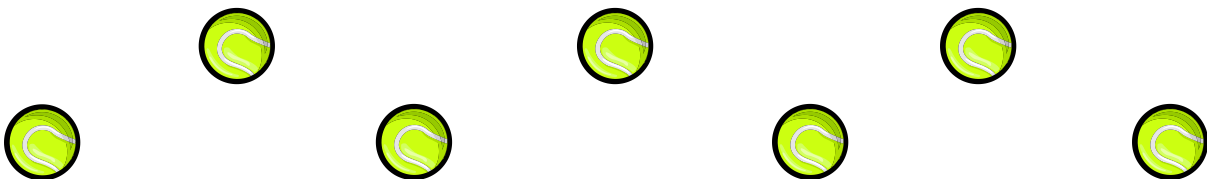


June 10- 13, 2019
at Lovejoy High School Tennis Courts
9:00 AM - 12:00 PM for incoming grades: 2 - 12

- **Campers need to bring a tennis racket.**
- Campers need to wear athletic shoes, shorts, t-shirt, bring a towel and a water bottle.
- Camp includes camp t-shirt, certificate of participation and camp awards!
- Camp will cover all fundamentals of the Leopard Tennis Program.
- Campers will be put through tennis drills to improve their basic tennis skills.
- Campers will get match play experience and learn how to keep score.
- Campers will be paired up for doubles.
- Doubles teams will learn strategic formations.
- A licensed athletic trainer will be available during all camp activities.

For more information contact
Coach Adam Cherry, Head Tennis Coach
adam_cherry@lovejoyisd.net

Please register online at lovejoyathletics.com/summer-camps



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If paying by check, please send this registration form and payment to:

Lovejoy ISD Athletic Department,
259 Country Club Road, Allen, TX 75002

2019 TENNIS SUMMER CAMP REGISTRATION FORM:

Name: _____ Male/Female: _____
Address: _____ City: _____ Zip: _____
Parent/Guardian: _____
Phones: _____
Email: _____
2019-20 Grade: _____ School: _____

T-SHIRT SIZE (Circle One): Youth-S Youth-M Youth-L Adult-S Adult-M Adult-L Adult-XL AXXL

FEE: \$110 per camper, if registration received before **May 10, 2019**

*Sibling Discount: subtract \$10 per camper, \$100 each.

\$120 per camper, if registration received on or after **May 10, 2019**

*Sibling Discount: subtract \$10 per camper, \$110 each.

*Sibling Discount is for siblings attending any session of the same camp hosted by the same coach.

No refunds on or after the first day of each camp.

Make checks payable to **Lovejoy TENNIS Camp**

EMERGENCY CONTACT:

NAME _____ RELATIONSHIP _____ PHONE _____

LIABILITY RELEASE and MEDIA RELEASE

I, the undersigned, hereby certify that I am the parent or legal guardian of the camper. I hereby give permission for the staff of the camp to seek, during the camp, the appropriate medical attention for the camper and for the medical attention to be given and for the camper to receive medical attention in the event of accident, injury or illness. I will be responsible for any and all medical costs of medical attention and treatment. I, the undersigned for ourselves, our heirs, executors and administrators, waive, release and forever discharge the Lovejoy Camp Staff, its officers, agents, employees and representative successors and assign of and from all rights and claims for damages, injury or loss to person or property which may be sustained during participation in camp activities or while at camp, whether or not damages, injury or loss is due to negligence. In addition, I grant permission for my child's picture to appear in Lovejoy ISD Athletic publications.

PRINT NAME _____ SIGNATURE _____ DATE _____

Check # _____ Amount \$ _____ Date Received _____ Date Posted _____