



2019 COMPETITIVE TRAINING SUMMER CAMP

**LEFTWICH TENNIS CENTER
JUNE 3 - AUG 2**

**ALL DAY SESSION: MON-FRI 8:00 AM-4:00 PM
MORNING SESSION: MON- FRI 8:00 AM- 12:00PM
AFTERNOON SESSION: MON- FRI 1:00PM-4:00PM**

This camp is for players who have competed in middle school, high school, USTA Junior Team Tennis, and USTA tournaments, ranging from state to national levels. This camp will focus on strengthening fundamentals, developing tactical skills through live ball and situational drills, and match play. The camp will also focus on conditioning and mental toughness. The camp is progressive, and players will benefit from attending consecutive weeks. Tennis instruction is structured on the Great Base system, developed by Steve Smith, and utilized by Tennis Memphis as our core curriculum throughout our player development pathway. Campers may attend all day, morning or afternoon sessions.

CAMPERS SHOULD BRING:

Lunch or snack, towel, notebook, pen, jump rope, stretch bands, sunscreen, hat, water jug.

PRICING:

ALL DAY (8-4) - \$280/ WEEK, \$70/DROP IN,\$1095/SUMMER PASS
MORNING ONLY (8-12) -\$180/ WEEK, \$50/DROP IN,\$800/SUMMER PASS
AFTERNOON ONLY (1-4) - \$150/WEEK, \$40/DROP IN, \$675/ SUMMER PASS

Discounts:

Players enrolling in additional weeks receive a 10% discount after first week

Sibling Discount:25%

*Note: For new students a technical assessment is required during the students 1st week of camp. The Assessment Fee is **\$125** which includes a slow motion narrated video analysis of student's 7 essential strokes. This fee is added to the regular camp fee for the first week.*

FINANCIAL ASSISTANCE IS AVAILABLE:

Contact Melinda Hoehn for more information at
mhoehn@tennismemphis.org



Contact Trip Wills with questions at
(901) 515-8747 or
twills@tennismemphis.org
or
Kevin Duffy at (979) 229-7522
kduffy@tennismemphis.org

2019 COMPETITIVE TRAINING SUMMER CAMP REGISTRATION FORM

Complete a form for each child participating or register at **tennismemphis.org**

FIRST Name _____ LAST Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Business Phone _____ Cell Phone _____

Email address required (Please print clearly)

Parent/Guardian First Name _____ Parent/Guardian Last Name _____ Relationship _____

PRICING

ALL DAY **\$280 PER WEEK** **\$70 DROP IN** **\$1095 SUMMER PASS**
MORNING **\$180 PER WEEK** **\$50 DROP IN** **\$800 SUMMER PASS**
AFTERNOON **\$150 PER WEEK** **\$40 DROP IN** **\$675 SUMMER PASS**

DISCOUNTS

PLAYERS ENROLLING FOR ADDITIONAL WEEKS RECEIVE

10% DISCOUNT FOR EACH WEEK AFTER 1ST WEEK.

SIBLING DISCOUNT 25%

10% DISCOUNT

CAMP WEEKS - Check week(s) attending

June 3-7 June 10-14 June 17-21 June 24-28 July 1-5
 July 8-12 July 15-19 July 22-26 July 29-Aug 2

FEE PAYMENT (Payable to Tennis Memphis)

Payment Method: Check Cash Credit Card

Payment Total \$ _____

WAIVER, RELEASE & AUTHORIZATION

I, the undersigned parent/guardian, hereby consent for my child to participate in the Competitive Training summer camp. In consideration of participation in the program, I hereby indemnify and hold harmless the City of Memphis, Tennis Memphis, MPTC, GreatBase Tennis, and any sponsors of the program and it's respective employees, staff, board members, officers, agents, successors. I release the same from any and all liability for any injury or illness which may be suffered by my child arising out of or in any way connected with the summer programs. I assume the risk for such injury or illness. I, the undersigned, have read this release and understand all of it's terms and hereby execute it voluntarily with all knowledge and understanding of it's significance.

PUBLICITY RELEASE: I hereby give my consent for my child to be interviewed, photographed, or filmed by the media, Tennis Memphis and GreatBase Tennis for purposes of website, marketing, advertising or newspaper publication.

PARENT'S AUTHORIZATION: In the event that I (we) cannot be reached in an emergency, the undersigned gives permission to the physician selected by Tennis Memphis to hospitalize, administer treatment or secure proper treatment for my child.

Parent/Guardian Signature _____ Date _____

Print Name _____