# **CAMP SCHEDULE**

## **CAMP DETAILS**

# LIABILITY WAIVER

### **THURSDAY**

7:30 - 8:00 PM Check-in 8:00 - 9:30 PM On-court drills & player evaluation

### **FRIDAY**

8:15 - 8:30 AM Dynamic warm-up 8:30 - 9:00 AM Clinic (serve) 9:00 - 10:00 AM Station drills 10:00 - 10:15 AM Break 10:15 - 11:00 AM Clinic (service return) 11:00 AM - 12:00 PM Station drills 12:00 - 12:45 PM Lunch (provided) 12:45 - 1:15 PM Clinic (forehand and backhand groundstrokes) 1:15 - 2:45 PM Station drills 2:45 - 3:00 PM **Break** 3:00 - 4:30 PM Singles patterns 4:30 - 5:15 PM **Doubles patterns** 5:15 - 6:00 PM Dinner (provided) 6:00 - 8:00 PM Free Time (tennis, gymnasium, waterpark)

### **SATURDAY**

	Dynamic warm-up
	Clinic (approach shots)
	Station drills
	Break
l	Clinic (volley)
PM	Station drills
	Lunch (provided)
	Singles contests/singles or doubles match play
	Camp wrap-up
	PM

Choice Health & Fitness Youth Tennis Camps are a concentrated group of lessons covering a variety of grips, strokes and strategies, which are time-tested and proven to develop players. The camp is broken into sessions covering primary strokes and techniques which are then reinforced with drills in a fun and informative atmosphere.

**2019 CAMP DATES**August 1-3

**CAMP COST: \$195** 

### **AGE/ABILITY REQUIREMENTS**

Participants must be entering 7-12th grade in the fall of 2019 & have some competitive tennis experience, such as participation in tournaments or membership on a high school tennis team (Jr. Varsity or Varsity).

#### **CONTACT**

Lisa Rollefstad
Sports & Recreation Manager
Phone: 701.746.2790

Email: Irollefstad@choicehf.com

Tim Wynne Tennis Coordinator Phone: 701.746.2790

Email: tiwynne@choicehf.com

Participant:

**Emergency Contact:** 

**Relation to Participant:** 

Cell:

Home:

I understand and agree that some activities occurring as part of or incidental to this event may be of hazardous nature and/or include physical or strenuous activity. Understanding this, I state that I have no medical condition or impairment, including the use of medication that might inhibit my active participation in this event.

In case of medical emergency, I authorize the staff or employees of Choice Health & Fitness to render first aid and/or obtain whatever medical treatment he/she deems necessary for my welfare. I further understand and agree that I will be financially responsible for all charges and fees incurred in the rendering of said treatment regardless of whether my medical insurance would cover such charges.

I, hereby, for myself my heirs, executors, and administrators, waive and release only and all my rights and claims for damages I may have against Choice Health & Fitness, the Grand Forks Park District, or their respective agents, representatives, successors and assigns for any and all injuries, which may be suffered by me in connection with my participation in this camp.

I have read, understand and agree to the terms and conditions of this waiver.

I am the parent of legal guardian of the participant (minor) listed above and am signing this waiver on his or her behalf.

**Print Name:** 

Signature:

Date:



# REGISTRATION

## **2019 CHOICE YOUTH TENNIS CAMP**

ADDRESS:		
CITY/STA	TE/ZIP:	
BIRTHDA	ſE:	
(Participan	ts must be entering 7-12th grade in the fall of 2019	
Players m	ust have prior competitive tennis experience.	
TENNIS E	XPERIENCE (Check all that apply):	
High S	chool Team	
USTA (	Championship Level Tournament(s)	
Other	(please describe)	
	4.540	
GRADE E	NTERING IN THE FALL:	
	M F	
GENDER:		
	ZE: YL S M L XL	
SHIRT SIZ		
SHIRT SIZ		
SHIRT SIZEMAIL:		
SHIRT SIZEMAIL:	I) *You will receive confirmation/info via email.	

Camp Cost. \$130 (and \$15 to cost after deadline)

#### **MAIL WITH FULL PAYMENT TO:**

Choice Health & Fitness Attn: Tennis Camp 4401 South 11th Street Grand Forks, ND 58201



OFFICE USE ONLY: TENNIS CAMP FEE | Total Fee \$





701.746.2790 | CHOICEHF.COM



**AUGUST 1-3** 



**GRAND FORKS, NORTH DAKOTA**