



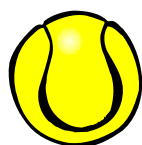
of St. Petersburg

SUMMER JUNIOR TENNIS 2018 CAMP

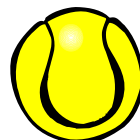
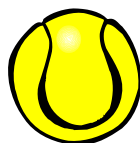
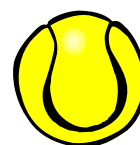
Join us for weekly camp sessions with development of tennis skills, drills, match play and games on court. Our goal is to make learning and improving tennis FUN! Campers will be on the court from 9-11:30 am, followed by lunch [provided], swimming pool activities and more tennis. Please bring a swimsuit and sunscreen. Camp Time: 9:00 AM-2:00 PM.

AGES: BOYS AND GIRLS 5 - 16
LEVEL: BEGINNER / INTERMEDIATE/ADVANCED
DATES: 12 WEEKS; STARTING MAY 29
COST: MEMBERS - \$195 PER WEEK
NON-MEMBERS - \$220 PER WEEK

To sign up please fill in the registration blank on the reverse side and drop it off in the Pro Shop, or mail it to:



RACQUET CLUB OF ST. PETERSBURG
ATTN: SUMMER CAMP
170, 47TH AVENUE NE
ST. PETERSBURG, FLORIDA 33703
(727) 527-6553



The Summer Junior Tennis Camps are a small part of our overall Junior Development Program. We offer group instruction for beginners to competitive players throughout the year.



**SUMMER JUNIOR TENNIS CAMPS
REGISTRATION FORM
2018**

NAME _____ AGE _____

ADDRESS _____

Email: _____ PHONE # _____

WEEK 1	May 29–June 1	_____	(4 day/wk, no camp May 28)
WEEK 2	June 4-8	_____	
WEEK 3	June 11-15	_____	
WEEK 4	June 18-22	_____	
WEEK 5	June 25-29	_____	
WEEK 6	July 2-6	_____	(4 day/wk, no camp July 4)
WEEK 7	July 9-13	_____	
WEEK 8	July 16-20	_____	
WEEK 9	July 23-27	_____	
WEEK 10	July 30-Aug 3	_____	
WEEK 11	Aug 6-10	_____	
WEEK 12	Aug 13-17	_____	

RACQUET CLUB MEMBER # _____ \$195

NON MEMBER _____ \$220

CASH _____ CHECK _____

ABLE TO SWIM? Yes No (please circle)

FOOD ALLERGIES? Yes No (please circle). If yes, please list:

GENERAL RELEASE OF LIABILITY:

We hereby release for and on behalf of ourselves, and our minor child, Racquet Club of St. Petersburg, all owners and employees of the above establishments, from any and all damages and/or personal injury that may occur in and from any connection with a Racquet Club of St. Petersburg sponsored event. We the undersigned have read this release and understand all its terms and hereby executor it voluntarily with all knowledge and understanding of its significance.

MEDICAL RELEASE:

We hereby also consent to emergency or hospital services that may be rendered by an accredited hospital, or by an appointed physician or physicians, in the event such need arises in the opinion of a duly licensed physician.

Signature of Parent or Guardian Date