

Summer Tennis Camp 2017

Join us for Weekly Sessions or the Entire Summer at Montgomery Tennisplex
Winner of the "2014 USTA Outstanding Facility Award"



Great Value, Great Coaches, Great Programs

Hall of Fame Coach Jack Schore and his award winning staff promise the best tennis instruction and programming for you and your family.

Indoor Air-Conditioned Courts—No Rain-outs!

June 19-September 1 (weekly sessions)

Camp 1 -- Beginner-Intermediate Players (ages 5-15 yrs.)

Our Great Basic Program. Tennis fundamentals, competitive and coordination drills to build a strong foundation for continued improvement. Players divided into small groups by age and ability. Advanced topics presented.

Camp 2 -- Junior Gold (ages 8-13 yrs.) and Gold 2 (ages 11-17 yrs.)

For pre-tournament & tournament players - Team match play, point specific drills, all-court strategy, stroke production, match-play, individual instruction, & tournament play charted & evaluated. Fitness regimen geared to the specific athlete.

Full Day Camp: Monday-Friday 9am to 3pm

1st week \$395

Half-day Camp: Monday-Friday 9am to noon or noon to 3pm

1st week \$230

10% off for second week, 15% off every week thereafter

Week 1: June 19-23

Week 5: July 17-21

Week 9: Aug 14-18

Week 2: June 26-30

Week 6: July 24-28

Week 10: Aug 21-25

Week 3: July 3-7 *

Week 7: July 31-Aug 4

Week 11: Aug 28-Sep 1

Week 4: July 10-14

Week 8: Aug 7-11

***Special rates for week 3 - \$316 (full day), \$184 (half day) (no camp on 7/4)**

Extra activities: Splash Park & Golf! Extended (before and after) care available.

Extended Care Pricing: AM 7:30-9:00am for \$50/week; PM 3:00-6:00pm for \$100/week; AM & PM for \$125/week

E-mail Vicki@MontgomeryTennisPlex.com for more information.

Please go to our website www.MontgomeryTennisPlex.com and join our mailing list for up-to-date info!

Montgomery TennisPlex
South Germantown Recreational Park.
18010 Central Park Circle, Boyds, MD 20841
(240) 477-4430

www.MontgomeryTennisPlex.com

Note: Required registration, waiver and medical info on reverse. There is a \$50/week cancellation fee for summer camp.

Montgomery TennisPlex Summer Camp 2017

Player's Name _____ Age _____ Birthdate _____

Parents' Name _____ Player's School _____
Address _____ City _____ State _____ Zip _____ Level of play _____

Phone # (h) _____ (w) _____ (c) _____

E-mail address (h) _____ (w) _____

Attending camp week(s) _____ Full day ___ 1Half-day(AM or PM) ___ Extended Care (AM, PM) ___

Type of Payment: Cash Check (# _____) Credit Card _____ Exp. Date _____

1st week Tuition \$ _____ + additional tuition/week \$ _____ # of weeks _____ = \$ _____

There is a \$50/week cancellation fee for summer camp.

Make checks payable to: "Montgomery TennisPlex"

Mail to: Montgomery TennisPlex, 18010 Central Park Circle, Boyds, MD 20841

Medical Information

Player's Physician: _____ Physician's Phone: _____

Insurance Company: _____ Policy # _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Medical Authorization

When I or the emergency contact cannot be reached, I give my consent and permission for the above named doctors to provide medical attention to my child. In the event that the doctors listed above cannot be contacted or in the event of an emergency I give any licensed physician, dentist, hospital or health care provider consent to perform emergency medical treatment at my expense as deemed necessary for the well-being of my child. This may include transportation to the nearest emergency room.

Parent/Guardian Signature

Date

Montgomery TennisPlex Release and Indemnity

As a player, user or guest at Montgomery TennisPlex (MTP) facilities, I assume the risk of injury or death to myself and my invitees including any minor children for whom I am parent, legal guardian, custodian or otherwise responsible due to negligence by MTP, its manager JST Management LLC, Maryland-National Capital Park and Planning Commission (M-NCPPC) or any of their employees, managers, contractors, consultants or instructors. (Each such named party and each of their invitees are referred to as an "MTP Party.")

I waive and release (i.e., give up) all rights that I, my heirs, representative(s) and/or assigns, and any minor children of mine, may make against any MTP Parties arising from any damages, injury, or death which I or any of my invitees might sustain as a result of any activity related in any way to MTP.

I further agree to indemnify and hold harmless MTP and its manager from any claims which may be made by me and/or any of my invitees or which might be made against me and/or any of my invitees by others, arising from any activity related in any way to MTP; and from any claims relating to any injury, death, loss of or damage to any personal property which might occur from any activity by me and/or my invitees related in any way to MTP.

I (on behalf of myself and any minor children invitees for whom I am parent, legal guardian, custodian or otherwise responsible) consent to the rendering of emergency first aid and other medical procedures, which at the time of injury or illness seem reasonably advisable.

WITHOUT LIMITATION OF THE FOREGOING, I UNDERSTAND THAT I AM GIVING UP ANY RIGHT I AND MY MINOR CHILDREN HAVE TO SUE OR MAKE A CLAIM AGAINST M-NCPPC, MTP, OR ANY OTHER MTP PARTY FOR ANY INJURIES ANY ONE OF US MIGHT SUSTAIN WHILE USING FACILITIES, EQUIPMENT AND/OR SERVICES PROVIDED BY MTP, AND THAT I AM INDEMNIFYING AND HOLDING HARMLESS MTP AND ITS MANAGEMENT AGAINST CLAIMS BY ME AND/OR ANY OF MY INVITEES INCLUDING ALL MINOR CHILDREN I INVITE OR WHO ARE UNDER MY CARE.

I attest that I am eighteen (18) years or older, and that my child is physically fit and has no known medical conditions which prohibit participation in this sport. My child and I agree to follow all laws, rules and guidelines regulating the conduct of camp, clinic or league.

Notwithstanding any other provision hereof, I do not give up any claim against a specific MTP Party for reckless and wanton conduct by that specific party. I also agree that MTP and its agents, sponsors, and employees may use my child's image and likeness in future promotions.

Signed: _____ Date: _____, 20__ Please print your name: _____

(You must be 18 years of age or older to sign this form.)

CHECK IF APPLICABLE ___ : I am signing this Agreement not only for myself, but also on behalf of the following minor children for whom I am parent, legal guardian, custodian, or otherwise legally responsible.

Please print name(s) of all minor children in your care visiting MTP's facility: _____