Leopard Tennis Camp



June 8 - 11, 2020 at Lovejoy High School Tennis Courts 9:00 AM - Noon 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 and camp awards on the last day!
- 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 <u>lovejoyleopards.net</u>















Please register online at **lovejoyleopards.net**

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

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

2020 TENNIS SUMMER CAMP REGISTRATION FORM:							
Name:						Male/Fema	le:
Name:Address:			City:			Zip:	
	ın:						
Email:							
2020-21: Grad	le: Schoo	l:					
T-SHIRT SIZE	(Circle One): Youth-S	Youth-M Youth-L	Adult-S	Adult-M	Adult-L	Adult-XL	AXXL
SESSION:	July 8-11	9:00 AM - Noon	Incoming	grades 2-	12		
FEE:	\$110 per camper, if registration received before May 8, 2020, \$60 per camper, Lovejoy Employee *Sibling Discount: subtract \$10 per camper, \$100 each.						
	\$120 per camper, if reg *Sibling Discount: subtr			3, 2020, \$7	0 per cam	oer, Lovejoy	Employee
<u>*Sibling</u>	Discount is for siblings	attending any session	n of the sa	me camp	hosted by	the same c	coach!
	No refunds on or after t	he first day of each cam	ıp.				
	Make checks payable to	Lovejoy TENNIS Can	<u>np</u>				
EMERGENCY	CONTACT:						
NAME		RELATIONSHIP			PHON	IE	
I, the undersigr staff of the cam attention to be responsible for executors and employees and person or prop	LEASE and MEDIA REL ned, hereby certify that I a np to seek, during the car given and for the camper any and all medical cost administrators, waive, rel d representative successor erty which may be sustain y or loss is due to neglige blications.	am the parent or legal g mp, the appropriate med to receive medical atte s of medical attention and lease and forever dischapters and assign of and fronted during participation	lical attention in the not treatmer arge the Loom all rights in camp ac	on for the content of a nt. I, the un vejoy Cam stand claims tivities or v	amper and coldent, in dersigned p Staff, its s for dama while at car	I for the mediury or illness for ourselve officers, age ages, injury on mp, whether	dical s. I will be s, our heirs, ents, or loss to or not
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Amount \$ Date Received

Check #

Date Posted