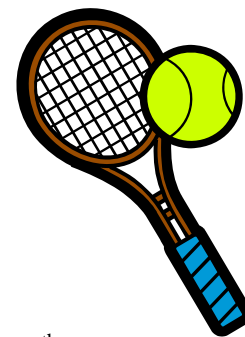


South Lakes High School
Summer Tennis Camp
For Boys & Girls rising 5th - 12th Grade
8:00 a.m. - 12:00 p.m.



Camp Instructors: Fred Kyle and Gabriel Kotto
Camp Dates: Session 1 - June 29th - July 2nd and/or Session 2 - July 6th - July 10th
Camp Cost: Session 1 - \$80 Session 2 - \$100 (camp shirt included each session)

South Lakes Coaches will emphasize the following:

- Physical training - running, strength and agility
- Stroke production, technique and fundamentals
- Drill situations to improve technique
- Match competition featuring singles and doubles strategy

Refreshments: Snacks will be sold during break (no more than \$1.00 per item)

Daily Schedule:

8:00	Check in, open court time
8:15	Stretching and conditioning
8:45	Tennis instruction
9:15	Break
9:30	Tennis instruction
10:00	Match play
11:45	Wrap up
12:00	Dismissal

Please return this portion with a check made payable to:

South Lakes Athletic Booster Club - Attn: Bob Clinage
 11400 South Lakes Drive Reston, VA 20191

Student Name _____ Grade in 2009 _____ School _____
 Address _____ City/State _____ Zip _____
 Home # (____) _____ Cell # (____) _____ Email _____
 Emergency Contact Name _____ Emergency # (____) _____

PLEASE CIRCLE SESSION(S) and SHIRT SIZE:

June 29 th – July 2 nd Session 1	July 6 th – July 10 th Session 2	Camper shirt size in Adult: S M L XL
---	---	---

I hereby authorize my child to participate in the Tennis camp offered by South Lakes High School. By execution of this release, I acknowledge and agree that all requirements, directions, supervision and standards set by the directions of this program shall be established for my child's benefit. I hereby voluntarily assume all risk of accident or injury to my child, which may arise out of his/her participation in this program. I therefore release and hold harmless all personnel associated with this program and South Lakes High School from any and all liability that may result from my child's participation. In addition, I hereby give my permission for emergency medical treatment, in the event I cannot be reached in a timely manner.

Parent's Consent (please print) _____
 Parent's Signature _____ Date _____
 Insurance Carrier _____ Policy _____