



Summer Tennis Camp



Avon High School

All group classes start June 11th

All classes will be offered based upon the ability of the student regardless of age.

Classes will be held on Tues, Wed, and Thurs.

(Weather make-up days are Mondays and/or Fridays)

Follow us on Twitter
@AvonTennis for camp
updates and weather re-
lated rainout days.

Class Times

Moratorium Week
June 30th – July 6th.
No Lessons or Groups

9:00 AM to 11:30 AM

&

10:30 AM to 3:00 PM

Rookies to Intermediates

&

Intermediates to Advanced

(10 and Under Program): 9AM to 10 AM (See Separate Flyer)

**Register @ Avon Free Play Day
at Avon High School Tennis Courts**

Saturday April 20th, 2019

Noon to 3PM

Summer Tennis Pricing Details

Sign-up deadline is May 19 th, 2019! Limited Space Is Available!

A \$50 late fee will be applied to anyone registering after May 19th.
The 10 and under program will have different sign-up procedures
(See flyer specific deadlines.)

Group	Days and times	Payment Plan
10 and Under New Players	Tues, Wed, Thurs, 9AM - 10 AM	See 10 and under flyer \$95 per session
Rookies & Intermediate Level	Tues, Wed, Thurs 9 AM-11:30 AM	\$350/ All Summer \$275/ for first 3 weeks of camp or second three weeks of camp.
Intermediate & Advanced Level	Tues, Wed, Thurs 10:30 AM-3:00 PM	\$445/ All Summer \$345/ for first 3 weeks of camp or second three weeks of camp.

Please look for the special quick start flyer for 10 and under beginner classes for only \$95 You receive an age specific tennis racquet and shirt when you register.

@ www.midwestteamentennis.com

Camp Dates:

June: 11,12,13 — 18,19,20 — 25,26,27

July: 09,10,11 — 16,17,18 — 23,24,25

(We reserve the right to hold lessons on Saturday if necessary)

FOR MORE INFORMATION OR TO SIGN UP CONTACT: Coach Robert Mize RAMize@avon-schools.org

We accept CASH or Checks. Make checks payable to the Avon CTA

Follow us on Twitter @AvonTennis for camp updates

Registration will be conducted on April 20th at Avon High School:

(Avon Free Play Day) , Noon to 3 PM at the Avon High School Tennis Courts

Or mail to Coach Mize, Avon High School, 7575 EAST CR 150 SOUTH, AVON, Indiana 46123 Checks made payable to AVON CTA CTA

Please Circle
Group &
Amount Paid.

Group	Days and times	Payment Plan
10 and Under New Players Late Registration Form \$95 online registration	Tues, Wed, Thurs, 9AM - 10 AM	Late Registration Form Online registration see details below! \$115 per session
Rookies & Intermediate Level	Tues, Wed, Thurs 9 AM-11:30 AM	\$350/ All Summer \$275/ for first 3 weeks of camp or second three weeks of camp.
Intermediate & Advanced Level	Tues, Wed, Thurs 10:30 AM-3:00 PM	\$445/ All Summer \$345/ for first 3 weeks of camp or second three weeks of camp.

Name of Student	Home Address	Phone Number	Date of Birth
Name of Parent	Email Address	Emergency Contact #	Tennis Experience
			Circle One (None) (1 year) (2year) (3 or more)
10 & Under Registration Only	Summer Registration Protocol	Car Pooling	Allergies & Medical Information
Register before may 26th and pay online at: www.MidwestTeamTennis.com Click "Find a Program" Click Indiana, then Avon	Note: all camp payments must be received prior to May 18th to register a spot for your child. A \$50 late fee will be applied to total cost of camp if received after May 18th and \$75 after June 1st.)	Are you available to car pool? Circle One (Yes) (No) If yes, how many kids can you car pool in your vehicle? (1) (2) (3) (4) (5)	Does your child have any medical conditions or allergies. Circle One (Yes) (No) (Note: Due to the physical nature of tennis, a parent will need to supply medical clearance from a physician for any yes answers)
SHIRT SIZE Circle One:	<u>10 & Under Sign-Up On-line!</u> Child Size: (SM) (Med) (LG) Adult Size: (SM) (Med) (LG) Adult Size: (X-LG) (XX-LG)	Parent or Guardian Signature	Please Sign Below <hr style="width: 100%;"/>



**TENNIS PARTICIPANT RELEASE OF LIABILITY, WAIVER OF CLAIMS,
EXPRESS ASSUMPTION OF RISK AGREEMENT**

Player Name: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

Child's Doctor: _____ Phone: _____

Existing Medical Coverage: _____ Plan #: _____

Known Allergies:

(includes medicine, food, bee stings, etc.)

Current Medications AND OR Medical Conditions: (or any related information that would assist in safe treatment)

Liability Waiver and Medical Release: I hereby permit my child to participate in taking tennis lessons from the Avon Community Tennis Association (known as the Avon CTA) and instructors contracted by the Avon CTA. I acknowledge that this camp is not under the direction of Avon Community School Corporation. I understand and fully accept that there are risks involved in sports, and that accidents and injuries are common ordinary occurrences of sports. These injuries could include, but are not limited to: knee injuries, abrasions, pulled muscles, injuries caused by being struck by a ball or racquet, injuries to the spine, neck injuries, heart attacks, etc. I hereby release and hold harmless Robert A. Mize, the board members of the Avon CTA, the Avon School Corporation, University of Indianapolis Tennis Center, any and all workers or volunteers from all liability, from all actions or claims that I or my child now or hereafter have for damage or injury to my child, or to any person or property, resulting from the negligence or other acts by any volunteers or workers in connection with my child's participation in these tennis lessons. I understand and agree that it is my sole responsibility to make certain that my child/children is/are physically healthy and fit to participate in the activities and programs offered by the Avon CTA.

In case of a medical emergency, I hereby give permission to the Avon CTA and their instructors to order treatment for my child if an attempt to contact me is not successful and medical personnel have informed, the Avon CTA and their instructors that a medical procedure is absolutely necessary. This includes any necessary medical treatment, x-rays, or emergency care.

I understand that an attempt will be made to reach me by phone when a diagnosis is completed. I also understand that all related medical costs are my responsibility. This waiver can only be revoked in writing.

Print Name: _____

Parent or Guardian Signature: _____

Date: _____