



Summer Tennis Camp



Avon High School

All group classes start July 7th

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

Special Covid-19 Pro-
cedures for 2020
Summer Camp

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 by June 17th!

(See Registration Paperwork for Instructions)

Coaching Staff

Cathedral Head Coach

Mark Noe

Avon Head Coach

Robert Mize

Avon Middle School

Kesara Becker

Eric Osen

Camp Dates:

July: 07,08,09 — 14,15,16 — 21,22,23

(Avon CTA reserves the right to makeup days on Mondays,
Fridays, and if absolutely necessary Saturdays/Sundays)

Registration for Avon Summer Tennis Camp

Summer Registration Protocol: Registration begins April 1st. All Camp Payments must be received prior to June 17th to register a spot for your child. A \$ late fee will be applied to the total cost of camp if received after June 17th.

Mail this Registration Sheet and Payment to:

Coach Mize, Avon High School, 7575 E County Rd 150 S, Avon, IN 46123

Make checks out to AVON CTA (Cash or Cashier's Checks are accepted as well)

Camp Schedule 3 Days a Week: Tues, Wed, Thurs	
	Groups (Please select a level)
9 AM to 10 AM (10 & Under)	<input type="checkbox"/> Beginner
9 AM - 11:30 AM	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate
10:30 AM - 3 PM	<input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced

10 & Under Registration ONLY: Pay and register online at: www.MidwestTeamTennis.com.

- Click "Find a Program" & Click Indiana, then Avon

Circle which session(s) to register: Session I Dates: June 9th – June 25th Session II Dates: July 7th - July 23rd

Payment Plan (Please circle a payment plan)		
Times	One Session	Both Sessions
9 AM - 10 AM (10 & Under Only)	\$95 per session	Due to the Covid-19 Only one
9 AM - 11:30 AM	\$275	Session will be offered for 2020
10:30 AM - 3 PM	\$345	

Name of Student, DOB, & Grade Level	Home Address	T-Shirt Size (Please circle)	Tennis Experience (Please circle)
		Child: S M L Adult: S M L XL XXL	None 1 year 2 years 3 years + USTA# (if applicable): _____
Name of Parent	Phone Number	Email Address	Emergency Contact #



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

Player Name: _____ Date: _____

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: _____