



2017 Tennis Camp Application

June 12th - August 18th

at the

Calabasas Tennis & Swim Center

ACADEMY LEVELS:

GRAND PRIX – (Ages 5-7) For the younger tennis player just getting started, this group introduces the basic skills of tennis in a fun-filled atmosphere with games, swimming, and arts & crafts.

Monday through Friday – 11:00am - 4:00pm

MEMBER	NON-MEMBER
\$ 345 for 5 days	\$ 370 for 5 days
\$ 640 for 10 days	\$ 690 for 10 days
\$1180 for 20 days	\$1280 for 20 days

**Add \$50 to any
Package for
Racquet & Bag**

CHALLENGER – (Ages 8 & older) For children between 8 and 15 years of age who want to learn the basics of tennis in an enjoyable and exciting environment; with games, prizes, and swimming.

Monday through Friday – 11:00am - 4:00pm (rates are the same as Super Excellence)

TOURNAMENT TRAINING – For Juniors who currently, or will, compete in tournaments. These students must be able to serve, rally, and play matches. If the participant does not have an SCTA ranking, he/she must be approved by Jonas Wallgard.

Monday through Friday – 11:00am - 4:00pm (rates are the same as Super Excellence)

SUPER EXCELLENCE – Only for high level tournament players. Must be approved by Steve McAvoy or Brady Hiete.

Monday, Wednesday & Friday – 11:00am - 4:00pm

MEMBER	NON-MEMBER
\$ 395 for 5 days	\$ 420 for 5 days
\$ 740 for 10 days	\$ 790 for 10 days
\$1380 for 20 days	\$1480 for 20 days

**SIGN UP BEFORE
April 15th & Save
up to 10% OFF!!!**

To sign up, fill out application below and turn in with check payable to the City of Calabasas. If you have any questions, contact Jonas Wallgard, Debbie Gonzales or Terri Secondino at (818) 222-2782.

CTSC 2017 Summer Camp Application. Detach here and attach with check payable to the City of Calabasas or with Credit Card.

Students Name _____ Phone H _____ W _____

Address _____ City _____ Zip Code _____

Sex _____ Birth date _____ email: _____

Please select desired group: Super Excellence Tournament Training Challenger Grand Prix Grand Prix + Racquet/Bag
(Please check one): Member Non-Member Amount Paid: \$ _____

VISA MC AMEX Discover # _____ exp. _____ Signature _____

TO SIGN UP, PLEASE FILL OUT APPLICATION BELOW AND TURN IN WITH PAYMENT.

Week 1	Jun 12 - Jun 16	M	T	W	TH	F	Week 6	Jul 17 - Jul 21	M	T	W	TH	F
Week 2	Jun 19 - Jun 23	M	T	W	TH	F	Week 7	Jul 24 - Jul 28	M	T	W	TH	F
Week 3	Jun 26 - Jun 30	M	T	W	TH	F	Week 8	Jul 31 - Aug 4	M	T	W	TH	F
Week 4	Jul 3 - Jul 7	M		W	TH	F	Week 9	Aug 7 - Aug 11	M	T	W	TH	F
Week 5	Jul 10 - Jul 14	M	T	W	TH	F	Week 10	Aug 14 - Aug 18	M	T	W	TH	F

- *If a child is unable to make a clinic, minimum 24 HOURS WRITTEN NOTICE is required to receive a make up day. **No exceptions!!!***
- *If you want to change your days, you **MUST DO SO IN WRITING**. You may fax to (818) 222-8602 or e-mail: territopseed@gmail.com*
- *An application must accompany all payments. ➤ Family discounts available. Inquire at front desk for details.*

PLAYER APPLICATION and PARTICIPATION AGREEMENT

Please Read The Following Carefully Before Signing

I, the undersigned hereby acknowledge that engaging in athletic sports- including the tennis programs and activities offered and conducted by Top Seed Tennis Academy, Inc. ("Top Seed")-may result in accidents and/or injuries. But notwithstanding such danger and risks, and as an express condition of being allowed to participate in Top Seed's tennis programs and activities, the undersigned, for himself/herself/as parent or guardian of the above-named player, freely and voluntarily accepts all risks and hazards associated with or incidental to participation in Top Seed's and activities, including use of the facilities where such programs are conducted. The undersigned hereby further expressly waives any claims for injury or damage arising from or relating to the above-named player's participation in Top Seed's programs, whether injury results from negligence or any other cause, and agrees to defend, indemnify and hold harmless Top Seed and its officers, employees and /or agents, from and against any and all liability, charges and/or expenses which may arise by reason of the above-named player's participation in Top Seed's programs or activities.

The undersigned hereby also expressly acknowledges that he/she has received a copy of the rules, regulations and policies presently in effect for users of Top Seed Tennis Academy at Calabasas Tennis & Swim Center, and agrees to abide by same (and any amendments and/or revisions adopted from time to time).

I HAVE CAREFULLY READ AND CONSIDERED THE ABOVE PARAGRAPHS, AND FULLY UNDERSTAND THEIR CONTENT AND CONSEQUENCES. I AM AWARE THAT THIS REPRESENTS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND TOP SEED TENNIS ACADEMY, INC.; AND SIGN THIS AGREEMENT OF MY OWN FREE WILL.

The undersigned represents that the above-named player is physically sound, and has received medical approval to participate in Top Seed's tennis training and related programs and activities. The undersigned further agrees that should any disabilities, handicaps or other limitations arise which would no longer warrant participation in Top Seed's programs, Top Seed shall be notified and the player shall discontinue further activities until his or her adverse medical conditions no longer exist. As parent/guardian of the above-named minor participant, I hereby consent to and authorize emergency treatment and/or care for such minor, whether injury results from an accident or any other cause, at any hospital or other medical facility. I further agree to pay any and all costs or charges incurred as a result of such treatment, and shall indemnify and hold Top Seed, its officers, employees and agents, harmless from and against any such charges. If there is an emergency, and I cannot be reached, please contact:

PLEASE PRINT LEGIBLY

Emergency Contact

Phone #

Player's Last Name

First Name

Parent or Legal Guardian

Date