

# Top Seed Tennis Academy Holiday Tennis Camp

Calabasas Tennis & Swim Center

December 26-28 & January 2-4 (11:00am - 3:30pm)

23400 Park Sorrento • (818) 222-2782 • www.calabasastsc.com



1 Day \$65 • 3 Days \$165 • 6 Days \$275

SIGN UP Before December 14th & Receive 10% OFF!!!

- Top Seed Tennis Staff
- Improve form and Technique
- Drills and Games
- Challenge Matches
- Prizes



CITY of CALABASAS



## Tennis Academy Levels

\* Must have a Minimum of 5 Kids per group for Camp to Proceed

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

**TOURNAMENT TRAINING** For juniors who currently, or will, compete in tournaments. These students must be able to serve, rally, and play matches. If you do not have a sectional ranking, BRADY HIETE MUST APPROVE YOU.

**SUPER EXCELLENCE** For juniors with high sectional and national rankings, this is an intensive training session designed to prepare juniors for Professional or Division 1 College Tennis. Steve McAvoy or Brady Hiete must approve all students.



\* We reserve the right to CANCEL the Camp based on the SIGN UPS

*Please bring your own lunch. Drinks can be purchased from the vending machine.*

# 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

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Date

**23400 Park Sorrento, Calabasas, CA 91302 • (818) 222-2782 • [www.calabasastsc.com](http://www.calabasastsc.com)**

## **Please Select the days Attending:**

Wednesday Dec. 26  Thursday Dec. 27  Friday Dec. 28  Wednesday Jan. 2  Thursday Jan. 3  Friday Jan. 4

Students Name \_\_\_\_\_ Phone H \_\_\_\_\_ W \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Sex \_\_\_\_\_ Birthdate \_\_\_\_\_ E-mail \_\_\_\_\_

Credit Card  VISA  AMEX  MC Name \_\_\_\_\_ Card # \_\_\_\_\_ exp. \_\_\_\_\_

Please select desired group:  Challenger  Tournament Training  Super Excellence