

WOLVERINE TENNIS CAMP



Instructors:

-Clear Brook High School's Head Coach

Jarrett Smith

-Clear Brook Coach

Todd Burrows

-Former Clear Brook High School players

Sign up @ clearbrooktennis.org/camps

Follow CBHS Tennis on Twitter and Instagram @ClearBrook10S

Because of the pandemic this year, please DO NOT pay until the first day of camp.

While we intend to hold these camp sessions this summer, things could change because of the pandemic or government orders. Please do not pay until the first day of camp, and be prepared to be flexible.

Wolverine Tennis Camp

- 8:00 - 11:00 Monday - Thursday
- Designed for the tournament player.
- Advanced competitive drills
- Match Play with instruction on strategy, and situations
- Conditioning to get you ready for tryouts and the season ahead.

Session 1

June 15 - 18

Session 2

June 22-25

Session 3

July 13-16

Session 4

July 20-23

Session 5

July 27 - 30

Name _____

Phone # _____

Email address _____

Parents Name _____

Grade for 20-21 School Year/ School attending _____

Playing Level _____

(beginner, intermediate, tournament player, champ, Super champ)

Please check camp or camps attending:

\$75 for 1 week of camp, \$140 for 2, \$200 for 3, \$265 for 4, and \$340 for all 5

_____ Camp 1 June 15-18

_____ Camp 2 June 22-25

_____ Camp 3 July 13-16

_____ Camp 4 July 20-23

_____ Camp 5 July 27-30

Total amount paid _____ (Checks payable to Jarrett Smith)

Bring checks the first day of camp

Please Read and Sign below

I hereby authorize the directors of the Clear Brook H.S. athletic camp to act for me in accordance with their judgment in any emergency requiring medical attention.

I further waive and release Clear Brook H.S. athletic camps from liability for any damages from injuries and/or illness sustained at the Clear Brook athletic camps. I know of no mental or physical conditions that might affect my child's ability to safely participate in the camp. I have included a copy of my child's latest physical and have notified the camp instructors of any physical ailments my child has experienced of which they should be aware.

Parent or Guardian Signature:
