

# SUMMER ELITE TENNIS



**For tournament level players entering grades 7-12 (in Fall, 2018).**

**Train with us the whole summer, or just for a few weeks.**

**JUNE 4 - AUGUST 3, 9am-12pm**

**This tennis training program is structured for Zats, Champs, and Super Champs currently participating in city and state-wide tournaments.**

**Our program consists of high intensity drills, fitness and conditioning activities, and high performance match play.**

Barshop Jewish Community Center of San Antonio - 12500 N.W. Military Hwy | San Antonio, TX, 78231 - 210-302-6833  
WWW.JCCSANANTONIO.ORG

**June 4-Aug. 3, 9am-12pm - \$190 | JCC Member \$150 Per Week - Please Indicate Weeks Attending:**

- |                                     |  |                                     |   |
|-------------------------------------|--|-------------------------------------|---|
| <input type="checkbox"/> June 4 - 8 | <input type="checkbox"/> June 25-29                  | <input type="checkbox"/> July 9-13  | <input type="checkbox"/> July 30-Aug. 3 |
| <input type="checkbox"/> June 11-15 | <input type="checkbox"/> July 2-6<br>(closed July 4) | <input type="checkbox"/> July 16-20 |   |
| <input type="checkbox"/> June 18-22 |  | <input type="checkbox"/> July 23-27 |   |

**Drop-In options offered. Call the Tennis Clubhouse to check on availability.**

Camper's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Parent #1 Name: \_\_\_\_\_

W. Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent #2 Name: \_\_\_\_\_

W. Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**PARTICIPATION WAIVER:** I, the undersigned, understand that participation in any JCC activity, use of recreational, and workout facilities involve a risk of accidental injury despite all safety precautions. Therefore, as a parent and/or guardian, I will assume all risks (injury or illness) for my children and family members that may occur during participation in any activities or use of facilities at the JCC. In case of sudden injury or illness, I hereby give authority to any hospital or doctor to render immediate aid as may be required at the time for my children's health and safety. I certify that I am fully responsible for all costs incurred due to medical or dental treatment as deemed necessary by JCC personnel. I give permission for my child to attend JCC supervised field trips, and for photographs to be taken and used privately and/or in JCC publications.

By signing this form, I acknowledge that I am aware of the potential risks of participating in activities and/or programs at the JCC, and agree to in no way hold the management, agents or employees of the JCC liable for any injury that my children may sustain. I have read and understand the above statement.

Parent or Person Registering Child Signature/Date: \_\_\_\_\_

Parent or Person Registering Print Name: \_\_\_\_\_

Emergency Contact Name/Relationship/Cell Phone: \_\_\_\_\_

**PAYMENT METHOD**  Cash  Check  Visa  MC  Disc  Amex

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_



**For more information call the Tennis Clubhouse at 210-302-6833.**

**Download the additional required forms  
and complete registration at  
at [www.jccsanantonio.org/elitetennis](http://www.jccsanantonio.org/elitetennis).**