

SERVING UP SUMMER FUN AT ETC JUNE 3rd - AUGUST 7th

Weekly 4 Day Camps Monday – Thursday INDOOR Climate Controlled COURTS | LED BY CERTIFIED COACHES



Date

(Ages 4-5) Chargers 🌈	(Ages 13+) Challengers (Ages 13+) Challengers Tour	Camp Name	Session	Week	\checkmark	Cost
Beginning players use a reduced size court & racquet. Hitting with a Red ball that is 15% bigger than a tennis ball & easier to hit. Mon-Thurs 9:30 - 10:15am	Developing <i>teen players</i> with ETC coach approval is required.		Week 1	June 3 - 6		\$
	minimator no match places Developing players with solid experieve and wantum defamiliance at the places of the players with solid experieve and wantum defamiliance at the players with solid experieve at the pla		Week 2	June 10 - 13		\$
	improve their skills. June 12 - June improve their match play skills.		Week 3	June 17 - 20		\$
Member or Guest \$65	Mon-Thurs 1:30-3pm Mon-Thurs 3-4:30pm Member \$85 Guest \$100 19 - June Member \$85 Guest \$100		Week 4	June 24 - 27		\$
Week 9: Member or Guest \$50	Week 9 \Weekb4 r \$65 JLmes26 75 June V 30 ek 9: Member \$65 Guest \$75		Week 5	July 8 - 11	 	\$
(Ages 6-8) Crushers Reduced size court and racquet with			Week 6	July 15 - 18		\$
an Orange ball that bounces 50%	Participants Name Birthdate (MM/DD/YYYY)		Week 7	July 22 - 25		\$
slower. Easier to hit helping to learn and be happy with their progress.	Female Male		Week 8	July 29 - Aug 1		\$
Mon-Thurs 10:30 - 11:30am Member \$75 Guest \$90	Parent/Guardian's Name		Week 9	Aug 5 - 7*		\$
Week 9: Member \$55 Guest \$70	Email Cell Phone	*3 Day Week		Total Cost		\$
play. Athletic development and learn basic strokes while having fun! Green ball bounces 75% slower. Mon-Thurs 11:30am – 12:30pm	Card Type: Visa Mastercard Discover AM Express P Card Number	Please charge the card b Expiration		amount of \$ Security		
Member \$75 Guest \$90 Week 9: Member \$55 Guest \$70	Name on Card Signa	nture	I			<u>ا ا</u>
(Ages 9-12) Champs Tour ETC Coach approval required. Players develop rally skills and play in a more competitive environment. Can rally, serve, know scoring format and court lines. Mon-Thurs 12:30pm – 1:30pm Member \$75 Guest \$90 Week 9: Member \$55 Guest \$70 Sign up today! Email: etc@eagletennisclub.com Phone: 208-938-2015	risks are known or unknown to me at this time. I further release Eagle Tennis Club orga that my child may have or that I may have against them as a result of injury or illness in liability shall include (without limitation) any claims of negligence of breach of warranty the child's family or estate, heirs, representatives, or assigns may have against this orga indemnify and hold harmless this organization and its owners, employees, volunteers, activities and programs, or as a result of injury or illness of my participant during such a its designees may use Participant's name, voice, photographs, biographies, testimonials advertising and publicizing the Eagle Tennis Club and its products and services. Medica	ate will not receive an accour OR CARRYOVERS FOR MISSI ages left on ETC's voicemail rticipant named is capable of assume all risks of the partic anization and its owners, em neurred during the course of y. This release of liability is a anization or its owners, empl or agents from any and all cla activities. Participant and or p s and statements, for any pu I Release: I recognize that th	Int credit. According the constant of the cons	bunt credits must be O SHOWS AND CAL of cancellation. Re both the physical a ating in the activitie theers, and agents f in the activities. This o cover all claims the eers, or agents. I fun- om my participation an agrees that Eagle to Eagle Tennis Clui- crasions where the	e used NCELLA elease and me s, whe rom ar s relea at me rther a n in all e Tenn b activ particip	d within ATIONS. of ental ether such ny claim ase of embers of agree to of its is Club and vities and pant
Phone: 208-938-3015 No Camps July 1 st - 4 th	named above may be in need of first aid or emergency medical treatment as a result of permission for agents of this organization to seek and secure any needed medical atter agent's opinion such need arises. In doing so I agree to pay all fees and costs arising from the secure agent of	ntion or treatment for the pa	irticipant name	ed including hospita		-

Signature of Parent or Legal Guardian Required