

VALPARAISO UNIVERSITY TENNIS



PRESENTS

SUMMER TENNIS CLINICS

JUNIOR CLINICS (5-18 YEARS)

SUPER EXCELLENCE GROUP:

1-3PM

JUNIOR EXCELLENCE GROUP:

3-4:30PM

BEGINNER-JUNIOR GROUP:

4:30-5:30PM

DATES:

JUNE 6-9

JUNE 13-16

JUNE 20-23

JULY 5-8

JULY 11-14

JULY 18-21

JULY 25-28

ADULT CLINICS

TWO SESSIONS:

7-8PM

8-9PM

DATES:

MAY 23-26

MAY 30-JUNE 3

JUNE 6-9

JUNE 13-16

JUNE 20-23

JULY 5-8

JULY 11-14

JULY 18-21

JULY 25-28

PRICES:

SUPER EXCELLENCE: \$72 PER WEEK

JUNIOR EXCELLENCE: \$54 PER WEEK

BEGINNER-JUNIOR: \$36 PER WEEK

ADULT GROUPS: \$36 PER WEEK

FOR QUESTIONS, CONTACT:

COACH JIM DAUGHERTY AT:

JAMES.DAUGHERTY@VALPO.EDU

(219) 464-5257



TENNIS CLINIC REGISTRATION

PARTICIPANT INFORMATION:

LAST NAME _____ FIRST NAME _____
HOME ADDRESS _____
CITY/STATE/ZIP _____
PARENT OR GUARDIAN'S NAME _____
HOME PHONE NUMBER _____
AGE _____

SESSION(S) DATES OF PARTICIPATION: _____
PARTICIPATION LEVEL (BEGINNER, ADULT, ETC.): _____
MAKE CHECK OUT TO VALPARAISO UNIVERSITY TENNIS \$ _____

VALPARAISO UNIVERSITY
SUMMER TENNIS CLINICS
1009 UNION STREET
VALPARAISO, IN 46383

LIABILITY WAIVER:

IN CONSIDERATION OF MY CHILD'S PARTICIPATION IN CLINICS, I HEREBY RELEASE VALPARAISO UNIVERSITY, ITS OFFICERS, EMPLOYEES, AND AGENTS FROM ANY AND ALL LIABILITY ARISING OUT OF ANY INJURY OR ILLNESS MY CHILD INCURS WHILE PARTICIPATING IN CAMP ACTIVITIES. I UNDERSTAND THE RIGOROUS ATHLETIC ACTIVITY THAT WILL BE INVOLVED. I UNDERSTAND THAT PARTICIPATION IS VOLUNTARY AND I CHOOSE FREELY TO HAVE MY CHILD PARTICIPATE. THIS RELEASE SHALL APPLY TO ANY ACTS OR OMISSIONS WHETHER NEGLIGENT ON THE PART OF THE UNIVERSITY AND ITS REPRESENTATIVES AND ANY ACTS OR OMISSIONS OF OTHER PARTICIPANTS.

PARENT'S SIGNATURE:
