

# Valparaiso University Tennis



## Presents Summer Tennis Clinics

### Junior Clinics (5-18 years)

Super Excellence Group: 1-3pm

Varsity high school level

Junior Excellence Group: 3-4:30pm

Junior varsity high school level

Beginner-Junior Group: 4:30-5:30pm

Grouped by age

### Dates (One week sessions)

June 11-14

June 18-21

June 25-28

July 9-13

July 16-19

Application must be received by 5:00pm

Friday before each session

### Adult Clinics

7-8pm

### Prices:

Super Excellence: \$72 per week

Junior Excellence: \$54 per week

Beginner-Junior: \$36 per week

Adult Groups: \$36 per week

Dates (One week sessions) For Questions, contact:

Coach Michael Woodson at: [Tracy.Woodson1@valpo.edu](mailto:Tracy.Woodson1@valpo.edu) (919) 621-2934



## Tennis Clinic Registration

Last name \_\_\_\_\_ First name \_\_\_\_\_

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

City/State/Zip \_\_\_\_\_

Parent or Guardian's Name \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Age \_\_\_\_\_

Session /Date of Participation: \_\_\_\_\_

Please circle class: Super excellence / Junior excellence / Beginner / Adult

Make check out to Valparaiso University Tennis. Check amount \$ \_\_\_\_\_

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: \_\_\_\_\_