**2022 EAST TEXAS TENNIS CLINIC @ LHS**

**Head Camp Instructor:** Chris Blair (903-758-8277)

**Assistant:** Isaac Anders (903-780-5824)

| **Camp Sessions** | **Type** | **Dates** | **Times** | **Price** |
| --- | --- | --- | --- | --- |
| **Session 1 - JV** | **6-14 years** | **May 24-26** | **4p.m. – 630 p.m.** | **$150** |
| Session 2 - V | Advanced | May 31-June 3 | 8 a.m. – 3 p.m. | $250 |
| **Session 3 - JV** | **6-14 years** | **June 6-10** | **8 a.m. – 11 a.m.** | **$225** |
| Session 4 -V | Advanced | June 13-16 | 330p.m. – 630 p.m. | $175 |
| **Session 5 - JV** | **6-14 years** | **June 20-24** | **8 a.m. – 11 a.m.** | **$225** |
| Session 6 - V | Advanced | June 27-30 | 8 a.m. – 3 p.m. | $250 |
| **Session 7 - V** | **Advanced** | **July 18-20** | **330p.m. – 630 p.m.** | **$150** |
| Session 8 - JV | 6-14 years | July 25-28 | 8 a.m. – 11 a.m. | $175 |
| **Session 9 - V** | **Advanced** | **July 25-28** | **530p.m. -- 930 p.m.** | **$225** |
|  |  |  |  |  |

**NOTES:**

**- Registration and payment is mandatory prior to the start of the camp or a daily walk in fee of $75 per day will apply.**

**- There will be no prorated payments accepted according to days present and/or absent.**

**- Cost of the camp includes t-shirts.**

**INFORMATION:**

**JV & Varsity needs**: rackets, hat, sunscreen, water jug, towels, and sack of lunch (varsity only).

**Camp numbers:**The camp will maintain a player to coach ratio that allows for quality instruction. Those who are first to submit this form will be first considered in the camp.

**Content:** Each day the camp will cover the mental, technical, and physical aspects of the game with a diverse combination of training drills, fitness, and competition.

**Location:** Longview HS Tennis Courts

**Camp Payment:** Mail payment (payable to Chris Blair) and completed form to the attention of Chris Blair at 3904 Gable Crest Ln Longview, TX, 75605.

**Cancellation Policy:**

If cancellation, for any reason, including medical, is made within one week of the camp, there will be no refunds. No refunds will be issued upon expulsion or voluntary withdrawal from camp, or for failure to appear at camp.  If more than 50% of the camp is cancelled, a 50% refund will be issued.  In the event of a camp cancellation due to excessive bad weather, Saturday or another camp day may be used as a makeup day.

Please fill out form below, cut, and send along with check

**Player Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **T-Shirt Size:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Session(s) attending:** 1 2 3 4 5 6 7 8 9 10

**Appropriate skill level of player:**  Beginner / Intermediate / Advanced

**Parent Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parental Waiver:**I, the undersigned, certify that I am the parent, or the legal guardian of the above named camper.  I give permission for the staff of this camp of Longview High School to seek and provide appropriate medical attention for the camper in the event of an accident, injury, or illness.  I will be responsible for any and all costs of medical attention and treatment. I waive, release, and discharge Longview High School, Chris Blair, Isaac Anders, all camp staff, and any of its representatives, from all right and claims for damage or loss to person or personal property which may be sustained or occur during participation in camp activities or while at camp, whether or not damages, injury, or loss is due to neglect.  I certify that the camper is physically qualified to attend and participate in the camp registered for through this application.

**Parent/Guardian Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_

**2022 East Texas Tennis Camp -Precautionary Corona Virus Liability Release Form**

Due to the outbreak of the novel Corona virus, COVID-19, we are taking extra precautions with the intake of each camper, health history, as well as sanitation & disinfecting practices. Please complete the following & sign below:

Symptoms of Covid-19 include:

* Fever
* Fatigue
* Dry cough
* Difficulty breathing

We, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(print parent & player name) agree to the following:

I understand above symptoms & affirm that I, as well as all my household members, do not currently have, nor have experienced the symptoms above within the last 14 days.

I affirm that I, as well as all household members, have not been diagnosed with Covid-19 within the last 30 days.

I affirm that I, as well as all my household members have not traveled outside of the country, or to any city outside of our own that has been considered a “hotspot” for Covid-19 infections within the last 30 days.

I affirm that my child does have a low auto-immune system, asthma, diabetes, lung problems or any other pre-existing condition.

I understand that this camp cannot be held responsible for any exposure to the virus or any other contagion caused by misinformation on this form to the health history provided by each camper.

I, the undersigned certify I am the parent or legal guardian of the above mentioned camper & release all East Texas Tennis Camp staff & Longview ISD from any & all liability for unintentional exposure or harm due to Covid-19.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_