

RB Tennis aims to provide a safe and enriching environment for youth to learn the wonderful game of tennis!



SUMMER CAMP 2017

Detach and Mail to RB Swim & Tennis

Tennis Camp Director

Kim Dollins
 -USPTA Certified
 -17 Years RB Tennis Camp Experience
 -kjdollins@gmail.com/ 858-213-5583

Dates (Monday-Thursday)

Week #1: June 12-June 15
 Week #2: June 19-June 22
 Week #3: June 26-June 29
 Week #4: July 10-July 13
 Week #5: July 17-July 20
 Week #6: July 24-July 27
 Week #7: July 31-Aug 3
 Week #8: August 7-Aug 10

Pricing per week

Early Registration Discount: Sign-up by June 1 and take \$10 off the listed price per camper!

Member	Non-Member
Mini/Full day	Mini/Full day
\$80/\$140	\$90/\$150

Checks payable to RB Tennis

****NO CAMP JULY 3-6****

*****Checks WILL NOT be deposited until AFTER the completion of camp*****

Mini tennis camp 10:45-12:45

-For ages 5-8
 -tennis drills designed to introduce young kids to tennis
 -**10:45** check in and warm up games
 -11-12:45 tennis

Full Day Tennis Camp 10:45-2:15

-For ages 7-14
 -**10:45** check in and warm up games
 -11:00 tennis
 -12:45 lunch break
 -1:15-2:15 tennis

Cool off time 2:15-3:00

-Optional cool off time supervised by tennis camp staff

Please Remember to Bring

- ✓ Racquet (Optional)
- ✓ Tennis Shoes
- ✓ Water Bottle
- ✓ Sunscreen & Hat
- ✓ Lunch/Snack
- ✓ Swim Suit/Towel

 Camper's Name Age

 Additional Camper's Name Age

 Parent/Guardian

 Home Address

 Email Address

 Home Phone Cell Phone

- Member
- Non-Member

 Camp Week(s)

 Check # Amount Make Payable to RB Tennis

****PLEASE SIGN WAIVER RELEASE FORM ON THE REVERSE SIDE****

Rancho Bernardo Swim & Tennis Club
 16955 Bernardo Oaks Drive
 San Diego, CA 92128

Release Waiver of Liability

Camp Participants' parent/guardian warrant and represent that participant(s) has no disability, impairment, and/or ailment preventing him/her from engaging in physical activity that could be detrimental to his/her health, safety, and/or physical condition if he/she participates in camp activities. RB Tennis staff must be notified if any participant has medical conditions or is taking any medication that could adversely affect his/her participation. Parent/guardian of participant(s) understand that RB Tennis is not responsible for participant(s) actions and if any participant is in doubt of his/her physical condition, they agree to consult with their physician prior to participation. Participants' parent/legal guardian assumes full responsibility and shall indemnify RB Tennis, its owners and employees, and the RB Swim and Tennis Club against any and all liability incurred by the participant(s) in connection with the RB Tennis Summer Camps.

Parent/guardian has read and understands the foregoing and agrees the responsibility for any participant(s) involved in the programs and services undertaken while participating in the RB Tennis Summer Camps.

Name of Participant(s): _____

Notification of any MEDICAL CONCERNS (Allergies, Diseases, Conditions, etc.):

Parent/Guardian Signature: _____

Date: _____

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Kim's Email: kjdollins@gmail.com