



TENNISPOWER SUMMER CAMPS

at Peninsula Racquet Club



HIGH PERFORMANCE/ FUTURESTAR ACADEMY

Sessions: Monday - Friday

AM Session: 10:00 - 1:30 \$80/day

PM Session: 2:30 - 4:30 \$45/day

Full Day: 10:00 - 4:30 \$120/day

Full Day (Both):	\$525/week
AM Session:	\$350/week
PM Session:	\$210/week
3 Week AM Session:	\$945 (10% disc)
3 Week PM Session:	\$567 (10% disc)

FULL DAY PRICING

Early Bird (10% Disc): 3 Weeks \$1,417

Early Bird (15% Disc): 6 Weeks \$2,678

Early Bird (20% Disc): 8 Weeks \$3,360

(Package only valid for SummerCamps)

ORANGE BALL / GREEN DOT (PeeWee)

Sessions: Monday - Friday

Times: 2:30-4:30

1 Day	\$60
3 Days/ Week	\$160
FULL WEEK	\$210
3 FULL WEEKS	\$550

ORANGE BALL TOURNAMENT DATES

Graduate to Green Dot at PRC!

Tournament Dates:

June 23rd

July 1st, 14th, 21st

August 10th

September 8th

October 20th

PRC FITNESS SESSIONS

Mon - Fri	4.30-5.15	\$20 per session
10 Session Package		\$180

High Performance Academy

TennisPower High Performance Program is designed to accelerate tournament players into competitive National players. AM training includes daily mental goal-setting, technical/tactical drills, muscle repetition, speed and strengthening in our new State of Art Fitness Facility. This program is encouraged for players who strive to play ITF / USTA National / High-Level tournaments.

FutureStars Academy

TennisPower FutureStars Program is designed to accelerate player development to becoming a dominant USTA tournament player. AM training consists of goal-setting, ball control, balance and speed work along with technical drills. Players must meet minimum skills level to join class and are currently playing Team Tennis, USTA Satellite or Lower Level Open tournaments.



Orange Ball Program

TennisPower is a SCTA Orange Ball Development facility and offers Orange Ball and Green Dot Programs that teach the basic fundamental necessary to advance as a player past the beginner stage through drills, and fun games. Orange Ball Certification Tournaments will be held monthly at PRC.

Peninsula Racquet Club

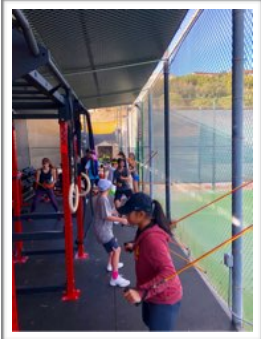
30850 Hawthorne Blvd, Rancho Palos Verdes, CA 90275

(310) 541-2523 Email: tennispoweracademy@power-trainer.com

www.peninsularacquetclub.com

TennisPower Summer Academy Calendar

	Session Dates	Please Check Week Desired	Session - AM/PM/Full	Academy Program - High Performance / FutureStars or Green Dot/Orange Ball
Week 1	June 11-15			
Week 2	June 18-22			
Week 3	June 25-29			
Week 4	July 2-6 (make-up day)			
Week 5	July 9-13			
Week 6	July 16-20			
Week 7	July 23-27			
Week 8	July 30-Aug 3			
Week 9	Aug 6-10			
Week 10	Aug 13-17			



Choose Week # (1-10): # of Sessions _____ X \$ _____ = _____

Minus Sibling 5% Discount = _____

Total = _____

5% discount for members signing up for 3 weeks or more!

Last Name			First Name			DOB		
Address						Adult T-Shirt Size		
City			State			Zip		
Best Phone Number			Parent's Name			Email Address		

*** NOTE:** No Refunds. Please contact Tennis Director should there be a conflict with Summer Academy Schedule. Register online at www.PeninsulaRacquetClub.com with credit card or fill out this form and make check payable to **PRC**. Mandatory Liability Waiver **MUST** be completed before the start of first class.



Medical Treatment Authorization Form

This form grants temporary authority to a designated adult to provide and arrange for medical care for a minor in the event of an emergency, where the minor is not accompanied by either parents or legal guardians, and it may not be feasible or practical to contact them. This form should be in the possession of the event leader or designated adult.

Minor

Full Legal Name: _____

Home Address: _____

Date of Birth: _____ Gender: Female _____ Male _____

Mother's Name: _____ Home or Cell Number: _____

Father's Name: _____ Home or Cell Number: _____

Emergency Contact: (if parent is not available) _____ Phone: _____

Parent e-mail address: _____

Information for Medical Treatment

Physician's Name and Location of Practice: _____

Physician's Phone Number: _____

Medical Insurer/Health Plan: _____ Policy Number: _____

Allergies to Medications: _____

Medications*: _____

Please note all conditions for which the child is currently receiving treatment: _____

Note any other significant medical information or allergies: _____

***Prescription medication MUST be in pharmacy labeled containers.**

AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S) AND RELEASE OF LIABILITY

I do hereby state that I have legal custody of the aforementioned minor. I grant my authorization and consent for _____ (hereafter "Designated Adult") to administer general first aid for any minor injuries or illnesses experienced by the minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the Designated Adult to summon any and all professional emergency personnel to attend, transport, and to treat the minor and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume financial responsibility for all expenses of such care. It is understood that this authorization is given in advance of any such medical treatment but is given to provide authority and power on the part of the Designated Adult in the exercise of his/her best judgment upon the advice of any such medical or emergency personnel.

I also understand and agree that my child's participation in athletic and other activities involves the risk of injury and even death from various causes, including but not limited to accidents, fall, strenuous physical activity, dehydration, collision, weather, equipment defects, and negligence. On behalf of my child, I assume these risks. I hereby release, discharge, and hold harmless and indemnify, and covenant not to sue, Peninsula Racquet Club and/or its representative including staff, employees, trustees, and volunteers.

This authorization is effective through: _____

Parent/Legal Guardian Signature: _____

Printed Name: _____

Parent/Legal Guardian Signature: _____

Printed Name: _____

Date Signed: _____

*This authorization and release must be completed before participant can participate in any activities.
Treatment for injuries will be based on information provided herein.*

Transportation and Promotional Release Form

Transportation Release

Should it be necessary for my child to return home due to medical reason, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

I, the undersigned parent and/or legal guardian of this student, do also hereby give permission for my child to ride in any vehicle driven by an approved and licensed **adult** chaperone while attending and participating in activities sponsored by Peninsula Racquet Club. My child and I understand that seat belts must be worn at all times during transportation.

I do hereby Peninsula Racquet Club of any liability or responsibility in the event my child attends an event of his/her own, not using transportation provided by Peninsula Racquet Club.

➤ Parent/Guardian Signature: _____

Date: _____

Promotional Release

Promotional Release

I consent to the use of any videotapes, photographs, slides, audiotapes, or any other visual or audio reproduction in which my son/daughter may appear by Peninsula Racquet Club which may be used as promotional materials on brochures and club website.

I waive my right to inspect or approve any editorial text or copy that is used in connection with the images and release and discharge Peninsula Racquet Club from any and all claims arising out of use of the images for the purposes described above.

➤ Parent/Guardian Signature: _____

Date: _____

This authorization and release must be completed before participant can participate in any activities.