



Leakey **Tennis** Camp!!!

WHEN: Session I **June 20-23rd, 2016**

WHERE: Leakey High School **Tennis** Center

WHO: **4th to 12th grade** athletes who are interested in **Tennis**.

4th-6th grade will be from 8:00-10:00 am.

7th-8th grade will be from 10:00-12:00 noon.

9th-12th grade will be from 12:00-2:00 pm.

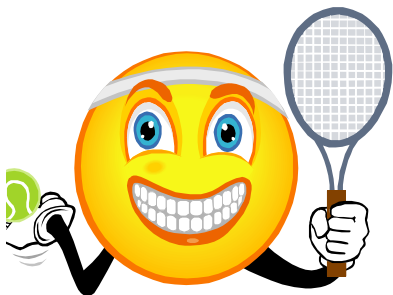
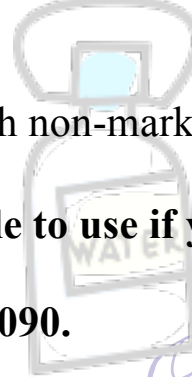
WHAT: Four days of learning fundamentals from the Uvalde **Tennis** staff. Camp will include individual instruction, fellowship, and prizes, and a shirt.

COST: **\$60 per person**

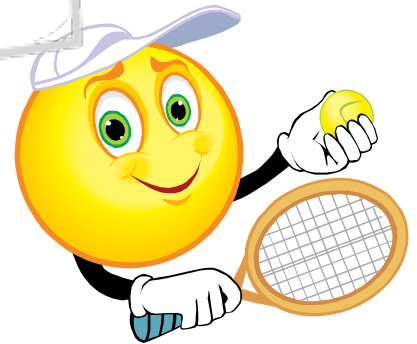
ATTIRE: Shorts, T-shirts, shoes (Court Shoes with non-marking soles preferred) Bring racquet and wear sunscreen.

***Tennis rackets will be available to use if you do not own one.**

QUESTIONS: Call: **Coach Rambie at 830-486-8090.**



SUMMER TENNIS!!! Bring the HEAT!!!





Leakey **Tennis** Camp!!!

Name: _____

Age / Grade: _____

Shirt Size (please circle): YS YM YL AS AM AL AXL AXXL

Parent(s) Names: _____

Parent email & cell

phone _____

- Make checks payable to Leakey ISD
- Return forms in person to Coach Springer or LISD office
- **Forms and checks must be returned no later than Thursday, May 19th**

We as parents of the above named child hereby grant permission for him/her to participate in the Leakey Tennis Camp and acknowledge the fact that he/she is physically able to participate in camp activities. We understand that the camp does not provide medical insurance covering injuries of any nature incurred during the 2016 Tennis Camp. The undersigned hereby releases the Leakey Tennis Camp, camp staff and Leakey ISD from any and all claims, demands, and causes of action whatsoever in anyway growing out of or resulting from the participation in Tennis Camp. Fees will be waived for any students unable to pay camp fees in accordance with UIL rules found in Section 1209 (c)(3).

**SIGNATURE OF PARENT OR
GUARDIAN** _____