

2024 BRSC 8 and Under Summer Tennis Camps

Day: Tuesday & Thursday (2 Sessions)

Time: 2:30 to 3:30 pm / 3:30 to 4:30pm

Cost: \$30 PER WEEK FOR MEMBERS \$46 PER WEEK FOR GUESTS

Classes are taught by Bill Gray limited to 12 players

Refund Policy: Refunds are issued in full if the camp is cancelled 10 days before camp starts.

1) June 4 & 6
2:30 to 3:30 pm / 3:30 to 4:30pm

2) June 11 & 13
2:30 to 3:30 pm / 3:30 to 4:30pm

3) June 18 & 20
2:30 to 3:30 pm / 3:30 to 4:30pm

4) June 25 & 27
2:30 to 3:30 pm / 3:30 to 4:30pm

5) July 9 & 11
2:30 to 3:30 pm / 3:30 to 4:30pm

6) July 16 & 18
2:30 to 3:30 pm / 3:30 to 4:30pm

7) July 23 & 25
2:30 to 3:30 pm / 3:30 to 4:30pm

8) July 30 & Aug 1
2:30 to 3:30 pm / 3:30 to 4:30pm

9) August 6 & 8
2:30 to 3:30 pm / 3:30 to 4:30pm

****ONCE YOU HAVE CHECKED THE BOX PLEASE CIRCLE THE TIME****

**Members may sign up starting Monday March 13th
Non-Members may sign up starting Saturday April 1st**

Players Name: _____ **Cell:** _____

Parents Name: _____ **Cell:** _____

Best email address: _____

Address: _____ **City:** _____ **Zip:** _____

Boise Racquet & Swim Club Consent/Waiver Agreement

The undersigned hereby acknowledges that participation in this Tennis Camp and related activities involves an inherent risk of physical injury and an unknown risk to exposure to Covid-19, and the undersigned, on behalf of the registrant, hereby assumes all such risks and does hereby release and forever discharge the Boise Racquet & Swim Club, all employees and agents from any and all liability of whatever kind of nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, resulting from the registrant's participation in or involvement in this activity, including any failure of equipment or defect in the premises. I hereby grant permission at any time for the registrant to receive outside or professional medical attention. I hereby give my consent to the Boise Racquet & Swim Club to secure the services of whatever medical facility selected and to secure whatever transportation is deemed necessary.

I hereby state that I am a legal guardian of said child.

Parent Signature _____ Date _____