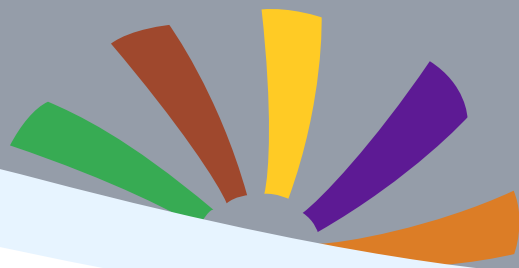


2024 BRSC High Performance SUMMER CAMP



High Performance Qualifications: UTR Rating must be 2 or above or High School Varsity Player

Invitation Only by Pros

Monday & Wednesday Drills, Point Play, & Instruction 2-4pm

Refund/Cancellation: Refunds are issued in full if cancelled 10 days before camp starts.

Cost per Session:

Member: \$54 / Guest: \$70

*****NO DAILY RATE**

MUST SIGN UP FOR BOTH DAYS

Weekly Sessions:

- 1) June 3 & 5 6) July 15 & 17
- 2) June 10 & 12 7) July 22 & 24
- 3) June 17 & 19 8) July 29 & 31
- 4) June 24 & 26 9) August 5 & 7
- 5) July 8 & 10

Session Length/Times:

Each Session runs Monday & Wednesday 2pm-4pm

If you have questions contact Theresa Haskell at (208) 850-4942 or

Seth Mikkelson at (619) 857-1559

Members may sign up starting Monday March 13th

Non-Members may sign up starting Saturday April 1st

Turnover To Sign Up





Player's Name: _____

Age: _____ Cell #: _____

Parents Name: _____ & Cell # : _____

Email: _____

Parents Email: _____

Session Dates (Please Check Desired Sessions or Circle Individual dates)

June 3 & 5 June 10 & 12 June 17 & 19 June 24 & 26

July 8 & 10 July 15 & 17 July 22 & 24 July 29 & 31

August 5 & 7

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 _____ Child Name _____ Date _____

