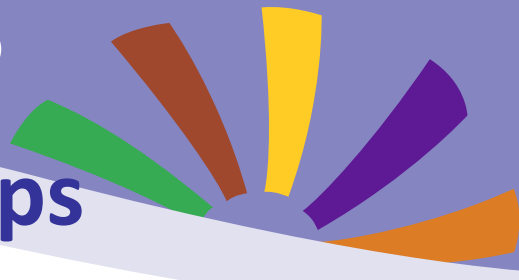


2024 BRSC Ages 9-16

Summer Tennis Camps



Camps are for Tier 2 & Tier 3 level players- combining learning & exercise. Emphasis on Tennis Fundamentals & Stroke Development. Certified Tennis Professionals provide quality instruction for each group. Camps run Monday through Thursday. Please contact Bill Gray at 208-514-6162 if you have any questions about this camp. **PAYMENT MUST BE MADE TO BRSC BEFORE REGISTRATION IS CONFIRMED.** Contact BRSC at 208-376-1052 to make payment over the phone or stop by the front desk. Confirmation receipt will be sent via email.

Cost per Session:

BRSC Members: \$136

Guests: \$168

Daily Schedule:

10:00am - 12:00pm Instruction & Drills

Sessions Grouped by Ability

8 Hours of Tennis Instruction

Classes will be limited to 24 players

Weekly Sessions:

- 1) June 3-6
- 2) June 10-13
- 3) June 17-20
- 4) June 24-27
- 5) July 8-11
- 6) July 15-18
- 7) July 22-25
- 8) July 29-Aug 1
- 9) Aug 5-8

Members may sign up starting Monday March 13th

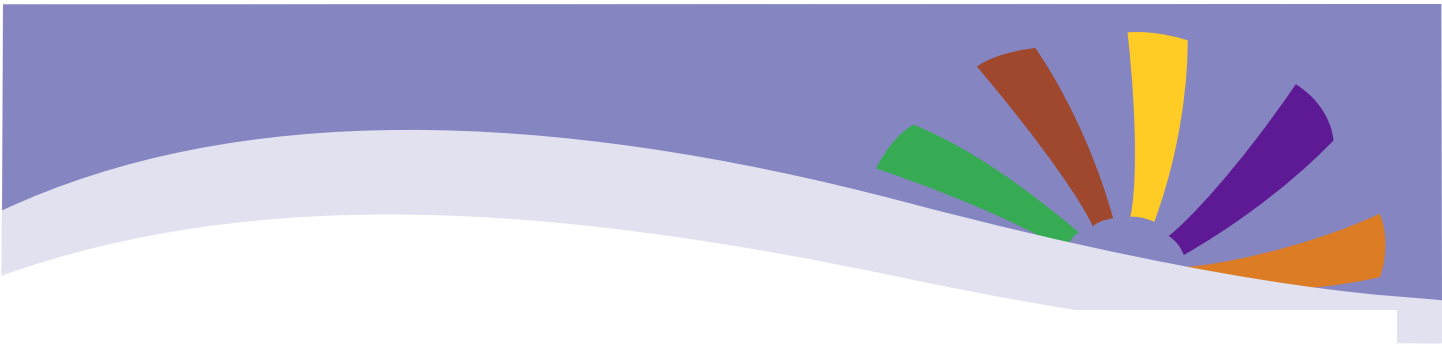
Non-Members may sign up starting Saturday April 1st

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

No daily rates or carry over for missed days.

Turn Over To Sign Up





Player's Name: _____

Age: _____ **Cell #** _____

Parents Name: _____ **& Cell #** _____

Parents Email: _____

Session Dates: (Please check Desired Dates):

June 3-6 June 10-13 June 17-20 June 24-27

July 8-11 July 15-18 July 22-25 July 29-Aug 1

August 5-8

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 _____

