



Skutt Catholic High School 2011 Tennis Summer Camps

Complete this form and return it with your payment (make check out to Skutt Catholic) to:
Tennis Summer Camps
Skutt Catholic High School
3131 S 156th St
Omaha, NE 68130

Choose your session:

- Session 1: Monday, June 6th - Thursday, June 30th
- Session 2: Tuesday, July 5th - Thursday August 1st

Choose your option(s):

- Beginner/Intermediate Lessons (Ages 5-12) - T/W/TH - 10:00 am - \$120
Players will be divided up by ability

Do you need match experience?

Double-bracket, Round-robin leagues. Blind draw - 2 out of 3 sets, 3rd set 10-pt tie-breaker.
Play a different opponent in your bracket each week. The 4th week, the winner from Pool A will play winner from Pool B. The 2nd place winner from Pool A will play the 2nd place winner from Pool B etc....

- Varsity Singles League (12 players max) Mondays 11 am - 12:30 pm - \$60
- Varsity Doubles League (24 players max) Tuesdays 11 am - 12:30 pm - \$60
- Junior Varsity Singles League (12 players max) Wednesdays 11 am - 12:30 pm - \$60
- Junior Varsity Doubles League (24 players max) Thursdays 11 am - 12:30 pm - \$60

Sign up with a partner or ask us to find you one - Partners's Name: _____

- High School Drills - T/W/TH 6:30 pm - 8 pm - \$180 **Total amount Due: \$** _____

Players Name: _____ Age (as of June 1st): _____

Parent/Guardian's Name: _____

Address: _____ City: _____ St: _____ Zip: _____

Home Phone: _____ Secondary Phone: _____

In the event a parent/guardian cannot be reached, please contact the following:

Contact name & relationship to student: _____

Contact Phone: _____

If your child has any special medical needs, explain on the back of this sheet.

I certify that my child has permission to attend the 2011 Tennis Summer Camp and has been cleared by a physician to participate. We agree on behalf of ourselves, the child named herein, or our heirs, successors, and assigns, to hold harmless and defend Skutt Catholic High School, its officers, directors and agents, and the Archdiocese of Omaha and representatives associated with the Tennis Summer Camp supervision, from any illness, injury, or cost of medical treatment, arising from or in connection with the student's (named above) participation in the camp activities, that is not the result of intentional neglect or willful or wanton misconduct by the school, its agents, representatives or employees.

Parent/Guardian Signature: _____