

# ANTIOCH TENNIS CAMP 2009

## Tournament Schedules



**Where: Antioch Community High School (Courts are off of McMillen Avenue – the road running parallel to the football field)**

**When: Session One: June 8 – June 19 (Monday through Friday)\*\*  
Session Two: July 20 – July 31 (Monday through Friday)**

**\*\*\*A minimum of 8 participants is needed to run each class.\*\*\***

### **Beginner Level – Age 7 and above – Boys and Girls**

This level is designed for people who have not taken lessons before. In this class they will learn the basic grips and stroke development.

**Time:** 9:30 a.m. – 10:30 a.m.      **Cost:** Session One \$75    Session Two \$75      Both \$140

### **Intermediate Level – Age 7 and above – Boys and Girls**

This level is designed for people who have already taken a beginning level class or have played tennis enough that they understand the fundamental strokes and are ready to use them in drill and game situations. This class is a stepping-stone for playing at the high school level. The focus of this class will be on stroke improvement and consistency with the introduction of some match play situations (scoring, positioning, and basic strategy).

**Time:** 10:30 a.m. – 11:30 a.m.      **Cost:** Session One \$75    Session Two \$75      Both \$140

### **Advanced Level – Any Age – Boys and Girls**

This level is designed for people who have participated in competitive tennis but are not quite ready to play at the high school level or with high school players. The focus of this class will be on stroke improvement (control and direction) and match play (including doubles formations) through advanced drills and competition.

**Time:** 11:30 a.m. – 12:30 p.m.      **Cost:** Session One \$75    Session Two \$75      Both \$140

### **Varsity/Junior Varsity High School Level – Boys and Girls**

This level is designed for people who have participated on a high school tennis team or have competed in USTA level tournaments. The focus of this class will be on skill advancement, stroke development (including spin and speed), and advanced strategy and shot selection.

**Time:** 1:00 p.m. – 3:00 p.m.      **Cost:** Session One \$120    Session Two \$120      Both \$230

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- ~ Each camper must bring a tennis racket and a water bottle every day.
  - ~ Enrollment will be accepted any time as long as a class is not filled.

### **Antioch Junior Open Tennis Tournaments – Boys and Girls Singles/Doubles** **June 18–June 20 and July 23–26**

Held at Antioch Community High School tennis courts off of McMillen Avenue. Under age 12, under age 15, and under age 18.

# 2009 Tennis Camp Enrollment Form

Name \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent Work Phone \_\_\_\_\_

Age \_\_\_\_\_ Grade Entering in 2009-2010 \_\_\_\_\_

*Camp(s) you are registering for. If registering for both sessions, please mark both lines. You may select a different class levels for each session:*

Beginner Level 9:30-10:30      Session One \_\_\_\_\_      Session Two \_\_\_\_\_

Intermediate Level      Session One \_\_\_\_\_      Session Two \_\_\_\_\_

Advanced Level      Session One \_\_\_\_\_      Session Two \_\_\_\_\_

High School Level      Session One \_\_\_\_\_      Session Two \_\_\_\_\_

Please list any medical conditions your child has which may be affected by his/her participation in the camp

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I, hereby wish to enroll \_\_\_\_\_ in the Antioch High School Tennis camp from June 8—June 19, 2009 and/or July 20—July 31, 2009. Each participant in the Antioch High School Tennis Camp is required to have his/her own accident coverage. Parents should realize that there is a risk of being injured that is inherent in all sports activities. I (the parent) certify that I understand the need for insurance coverage and the inherent risks in participating in this camp. I hereby release the District 117 Board of Education and its employees from all claims on account of any injuries which may be sustained by my child related to the tennis camp. I agree to indemnify the District 117 Board of Education and its employees from any claim which may hereafter be presented to our child as a result of any injuries. If medical attention is required for injury or illness while in camp, I give permission for such medical care and authorize the school representative to select the medical attendants to administer emergency treatment to my child.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Send Enrollment Form To: Antioch Community High School  
Attn: Randy Digman  
1133 S. Main Street  
Antioch, IL 60002

Make your check payable to: Antioch Community High School

For more information call 847-668-7001 or e-mail [randydigman@yahoo.com](mailto:randydigman@yahoo.com)