

Caswell Summer Camps 2011(USTA Quickstart)

Session Dates

- I. May 30th – June 2nd
- II. June 6th – 9th
- III. June 13th – 16th
- IV. June 20th – 25th
- V. June 27th – 30th
- VI. July 5th – 8th
- VII. July 11th – 14th
- VIII. July 18th – 21st
- IX. July 25th – 28th
- X. August 1st – 4th
- XI. August 8th – 11th
- XII. August 15th – 18th

Make ups if necessary are on Fridays and Saturdays at the same times.

Please contact Dillon Gussis, Director of Junior Tennis at gussisd@gmail.com with any questions.

You can sign up by calling the Caswell front desk at (512) 478-6268 and paying by credit card or by mailing in the flyer with payment or paying at the front desk. Please sign and turn in the waiver to Dillon's box at the front desk by the start of camp.

All players will be grouped by level and age. There will be a 6 to 1 student to teacher ratio maximum.

What should my child wear and bring?

Racquet, tennis shoes, sunscreen, hat, water jug, shorts with pockets that can comfortably hold a tennis ball, sunglasses and a snack or \$3.

Morning Camp(QUICKSTART)

- Monday – Thursday
- 9 – 11:30 a.m.
- Rain makeup Fri 9 -11:30 p.m.
- \$140 per session/ \$40 a day
- Ages 8 to 16 Beginner to CATA level

Itinerary

9 – 9:05 Introductions
9:05 – 9:10 Safety, etiquette and tennis rules
9:10 – 9:15 warm up, mini tennis
9:15 – 10:30 Drills and Technique
10:30 - 10:45 break
10:45 – 11:30 Games

Afternoon Camp

- Monday – Thursday
- 1:00 – 3:00 p.m. Drills
- 2:30 – 4 p.m. Match play
(Match play is not supervised)
- Rain makeup Fri 12:30 - 4 p.m.
- \$130 per session/ \$35 a day
- Ages 11 to 17 ZAT to Super Champ Level

Player Information

Check which camp you are signing up for:

Morning Camp

Afternoon camp

Name _____

Birth date ____/____/____

Parents' names _____

Address _____

City & Zip _____

Home phone (____) _____

Work phone (____) _____

E-mail _____

Sessions desired _____

NOTE: Please read and sign the reverse side of this form.

Waiver of Claims (Parents must read and sign below)

I agree, for my child _____,
his/her executors, administrators, heirs, and
personal representatives that all claims of any
kind, nature and description are waived, including
past, present and future claims, if any for injuries
sustained in traveling to, from, or participating in
the Caswell Tennis Center Summer 2011 Tennis
Camps in Austin, TX, as against the Caswell
Tennis Center's Love Tennis Inc., its teaching
professionals, committees, and employees, the City
of Austin and all sponsors, coordinators, and staff.

Medical Release:

I hereby consent to emergency medical or hospital
service that may be rendered by or at accredited
hospitals, by appointed physicians, in the event
such need arises in the opinion of a duly licensed
physician.

(Parent or Legal Guardian)

(Date)

Caswell Tennis Center
2312 Shoal Creek Blvd.,
Austin, TX, 78705
(512) 478-6268

Caswell Summer Camps (USTA Quickstart)



2011