

CAMP REQUEST FORM

SPORT: Tennis DATES OF CAMP: June 17-20, June 24-27, July 1-3

WHO IS ELIGIBLE?

AGE/GRADE OF PARTICIPANTS: 9-12

NORTON ONLY OR OTHERS: others

HOW WILL THE CAMP BE ADVERTISED? fliers, newspaper, social media
(Please attach a copy of the camp brochure/flier)

COST: \$60

COMPLETE THE FOLLOWING:

*COST BREAKDOWN PER CAMPER

T-Shirt/Jersey	_____	Instruction	<u>40</u>
Refreshments	<u>20</u>	Advertising	_____
Prizes	_____	Additional Costs	_____
Total	_____		

*NAMES OF COACHES/INSTRUCTORS:

Phil Seenes Angie Carretts Kyle May Brandon Caynor Dan Coffey

*SALARY BREAKDOWN OF COACHES/INSTRUCTORS:

\$10/hr. not to exceed \$500

The following should be included in your camp brochure/flier:

*A SPECIFIC TIME SCHEDULE FOR EACH DAY

*OBJECTIVES

*FACILITY USE - PLACES, DATES AND TIMES

(Note: Outside groups must complete facility use form and provide liability insurance)

Phil Seenes
(Signature of Sponsor)

5-29-13
(Date)

R. Howell
(Signature of Athletic Director)

5/30/13
(Date)

R. Howell
(Signature of Building Principal)

5.30.13
(Date)

(Signature of Superintendent)

(Date)

Norton Summer Tennis Camp

Registration Form

Who: Students entering grades 9-12 in the 2013-2014 school

year. Registration not limited to Norton students.

When: **Week 1 June 17-20 11:00-12:30pm**

Week 2 June 24-27 11:00-12:30pm

Week 3 July 1-3 11:00-12:30pm

****Fridays will be used for make-up days****

Where: Columbia Woods Tennis Courts-Norton

Cost: \$20 per week/\$60 for all 3 weeks

****MAKE CHECKS AVAILABLE TO NORTON CITY SCHOOLS****

This program will consist of the following:

- Groundstrokes (Forehands and Backhands)
- Volleys and Overheads
- Serves and Returns
- Court Positioning
- Tennis Fitness

If you have any questions, comments, or concerns, please contact Coach Phil Seenes at pseenes@gmail.com or by phone 330-607-6306

Students Name _____ Phone # _____

Has my permission to attend the Norton Summer Tennis Camp. I hereby waive and release the Norton City Schools and all instructors of any responsibility for injuries or illnesses received while participating in the program.

Grade _____ (2013-2014 School Year)

PLEASE CHECK ALL THAT APPLY

Week 1 _____ Week 2 _____

Week 3 _____

Signature Parent/Guardian _____ Phone # _____

You may register by mail by sending this completed form to:

Norton High School
Athletic Department c/o Phil Seenes
4128 S. Cleve-Mass Rd.
Norton, OH 44203

Registration deadline June 17!!!

****Keep this copy****

****Return this copy****