

WOLVERINE TENNIS CAMP



- Wolverine Tennis Camps are designed for the advanced players, preparing for high school tennis.
- Coach Smith and former students will provide drills, conditioning, and match play during the sessions.
- Beginners will be included, but this camp is NOT designed for basics

Sign up @
[clearbrooktennis.org/
camps](http://clearbrooktennis.org/camps)

Mail form and/or payments to:
Jarrett Smith
6411 Spring Trail
League City, Tx
77573

Follow CBHS Tennis on
Twitter and Instagram
@ClearBrook10S

**Cash, Check, Venmo,
or Cash App accepted.**

Sign up for multiple weeks to get a discount!

Wolverine Tennis Camp

- 8:00 - 11:00 Monday - Thursday
- Designed for the tournament player.
- Advanced competitive drills
- Match Play with instruction on strategy, and situations
- Conditioning to get you ready for tryouts and the season ahead.

Session 1

June 6-9

Session 2

June 13-16

Session 3

July 11-14

Session 4

July 18-21

Name _____

Phone # _____

Email address _____

Parents Name _____

Grade for 22-23 School Year/ School attending _____

Playing Level _____
(beginner, intermediate, tournament player, champ, Super champ)

Please check camp or camps attending:
\$100 for 1 week of camp, \$185 for 2, \$260 for 3, \$320 for 4 if prepaying.

_____ Camp 1 June 6-9

_____ Camp 2 July 13-16

_____ Camp 3 July 11-14

_____ Camp 4 July 18-21

Total amount paid _____ (Checks payable to Jarrett Smith)

Bring checks the first day of camp

Please Read and Sign below

I hereby authorize the directors of the Clear Brook H.S. athletic camp to act for me in accordance with their judgment in any emergency requiring medical attention.
I further waive and release Clear Brook H.S. athletic camps from liability for any damages from injuries and/or illness sustained at the Clear Brook athletic camps. I know of no mental or physical conditions that might affect my child's ability to safely participate in the camp. I have included a copy of my child's latest physical and have notified the camp instructors of any physical ailments my child has experienced of which they should be aware.

Parent or Guardian Signature:
