



Berkeley Tennis Club Summer Junior Tennis Camp

June 10, 2024 – August 16, 2024

Group 1: Ages 6-12

FUN & fundamentals. Includes tons of tennis drills and games!

Monday-Friday | 9:00am-12:00pm

BTC Members \$440/week; Non-Members \$570/week



Group 2: Ages 9-14

Includes daily drills, competitive tennis games, match play and fitness!

Monday-Friday | 9:00am-3:00pm

BTC Members \$680/week; Non-Members \$880/week

***Week 1 ONLY: 1-4pm** - BTC Members \$440/Non-Members \$570



NOT SURE WHICH GROUP TO SIGN UP FOR?

Summer Camp Group 1 Guideline: Current BTC Junior Development Program Group 1, 2 or 2/3, or Beginner/intermediate players with 1-3 years' experience

Summer Camp Group 2 Guideline: Current BTC Junior Development Program Group 3 or 4, UTR 2.5 and above, or USTA Level 6 or 7 tournament player

~ BTC Junior Development Program class descriptions on BTC website/Juniors/Winter Spring 2024 ~

Lunch Options

Lunch is available for purchase at the club Tuesday – Friday. Other options on Domingo Ave. include Rick & Anne's and Fournee Bakery.

BTC Refund Policy

Withdrawal more than 1 month prior to camp start, 100% refund; Withdrawal 2 weeks to 1 month prior to camp start, 80% refund; Withdrawal less than 2 weeks prior to camp start, 50% refund.

No refunds once camp starts.

BTC 'Change Fee'

Also, a \$25 change fee will apply to change weeks once registration process is complete.

For more information, please call 510-841-1380 or email info@berkeleytennisclub.org

Berkeley Tennis Club

Summer Junior Tennis Camp Registration Form 2023

Child's Name: _____ Age: _____
 Youth T-Shirt Size: S M L XL Birthdate: / /

Player medical conditions: _____
 Medications (including inhalers): _____
 Child's MD: _____ MD's Phone #: () _____
 Dietary needs or food allergies: _____

Parent's Name: _____ Member Acct #: _____ Non-Mem:
 Email Address: _____
 Home Address: _____ City: _____ Zipcode: _____
 Phone #: () _____
 Emergency Contact: _____ Emergency Phone #: () _____

<p style="text-align: center;">Group 1: All Levels 9:00am-12:00pm, Ages 6 -12 Weekly Rates: \$440 Members/ \$570 Non-Members</p> <p><input type="checkbox"/> Week 1: 6/10 - 6/14 <input type="checkbox"/> Week 2: 6/17 - 6/21 <input type="checkbox"/> Week 3: 6/24- 6/28 <input type="checkbox"/> Week 4: 7/8 - 7/12 <input type="checkbox"/> Week 5: 7/15 - 7/19 <input type="checkbox"/> Week 6: 7/29 - 8/2 <input type="checkbox"/> Week 7: 8/5 - 8/9 <input type="checkbox"/> Week 8: 8/12 - 8/16</p>	<p style="text-align: center;">Group 2: Competition Training 9:00am-3:00pm, Ages 9 -14 Weekly Rates: \$680 Members/ \$880 Non-Members <i>*1-4PM ~ ONLY FOR WEEK 1~ \$440/\$570</i></p> <p><input type="checkbox"/> Week 1: 6/10 - 6/14* <input type="checkbox"/> Week 2: 6/17 - 6/21 <input type="checkbox"/> Week 3: 6/24- 6/28 <input type="checkbox"/> Week 4: 7/8 - 7/12 <input type="checkbox"/> Week 5: 7/15 - 7/19 <input type="checkbox"/> Week 6: 7/29 - 8/2 <input type="checkbox"/> Week 7: 8/5 - 8/9 <input type="checkbox"/> Week 8: 8/12 - 8/16</p>
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Medical and Damages Waiver

I, the undersigned, certify that I am the legal parent/guardian of above-named participant, and that he/she has my permission to participate in the activity. I agree to assume full responsibility for any injuries incurred by him/her in connection with this activity. Should a medical emergency arise, the parent/guardian will be notified immediately. If the undersigned is not available for consultation, permission is granted for Berkeley Tennis Club & Staff to obtain medical treatment as deemed necessary. Furthermore, the undersigned understands that all damages caused by the above-named minor shall be paid by the minor or the undersigned to the owner(s) of damaged item(s). Undersigned also realizes that he/she will be contacted immediately if the minor fails to comply with acceptable rules of conduct.

The undersigned, in consideration of participation in the activity, agrees to indemnify and hold Berkeley Tennis Club harmless and release its offers, employees and agents from any liability of any injury arising out of or in any way connected with participation in the activity. I further understand that Berkeley Tennis Club does not carry medical insurance.

I have read and understand the above, and signify my agreement and approval with my signature.

 Signature of Parent/Guardian _____
 Date

Office Use Only

Amt Due:	\$	Date Paid:	/ /	Check #:		Member #:	
ClubEss:	<input type="checkbox"/> Completed	Spreadsheet:	<input type="checkbox"/> Completed	Staff Initials:		Non-Mem:	