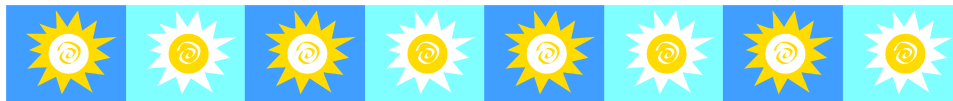


2024 Junior Summer Camps



All Ages—All Abilities

June 10-June 14 9:30am-11:30am
June 17-21 9:30am-11:30am
June 24-28 9:30am-11:30am
July 8-12 9:30am-11:30am
July 15-19 9:30am-11:30am
July 22-26 9:30am-11:30am
July 29-August 2 9:30am-11:30am
August 5-9 9:30am-11:30am

Location: WSTC (indoors)

Cost: 1 wk \$200; 2 wks \$375; 3 wks \$550, 4 wks \$725, 5 wks \$900, 6 wks \$1075, 7 wks \$1250, 8 wks \$1425

Deposit: \$100 deposit due at Registration.

Early Registration: Register by paying \$100 deposit by May 1st: save \$25

2024 WSTC Junior Summer Camps

Amount Due : _____

Participant's Name: _____

Age: _____

Address: _____

Phone: _____ Cell: _____ Email: _____

T-Shirt Size (circle one): Child XS S M L XL ; Adult : XS S M L XL; Womens: XS S M L XL

CAMPS (Please check all that apply). Make checks payable to "WSTC" ___June 10-14___ June 17-21 ___June 24-28 ___July 8-12 ___July 15-19
___July 22-26 ___July 29-August 2 ___August 5-9

Deposit (nonrefundable): \$100 due at registration. Balance due the first day of camp.

I give consent for my child, _____, to participate in all camp activities at the West Shore Tennis Club. I will inform WSTC of any pertinent medical conditions _____. I agree that the West Shore Tennis Club and all WSTC staff are not responsible for any injuries suffered by my child while engaged in clinic/camp activities and voluntarily assume the risk that we may be exposed to or infected by COVID-19 while engaged in said tennis activities. Furthermore, I hereby release the aforesaid from any and all liability for such injuries or sickness.

Parent Signature: _____

2024 WSTC Junior Summer Camps**Amount Due :** _____**Participant's Name:** _____**Age:** _____**Address:** _____**Phone:** _____ **Cell:** _____ **Email:** _____**T-Shirt Size** (circle one): Child XS S M L XL ; Adult : XS S M L XL; Womens: XS S M L XL**CAMPS (Please check all that apply). Make checks payable to "WSTC"** __June 10-14 __ June 17-21 __June 24-28 __July 8-12 __July 15-19
__July 22-26 __July 29-August 2 __August 5-9**Deposit** (nonrefundable): \$100 due at registration. Balance due the first day of camp.*I give consent for my child, _____, to participate in all camp activities at the West Shore Tennis Club. I will inform WSTC of any pertinent medical conditions _____. I agree that the West Shore Tennis Club and all WSTC staff are not responsible for any injuries suffered by my child while engaged in clinic/camp activities and voluntarily assume the risk that we may be exposed to or infected by COVID-19 while engaged in said tennis activities. Furthermore, I hereby release the aforesaid from any and all liability for such injuries or sickness.*

Parent Signature: _____

2024 WSTC Junior Summer Camps**Amount Due :** _____**Participant's Name:** _____**Age:** _____**Address:** _____**Phone:** _____ **Cell:** _____ **Email:** _____**T-Shirt Size** (circle one): Child XS S M L XL ; Adult : XS S M L XL; Womens: XS S M L XL**CAMPS (Please check all that apply). Make checks payable to "WSTC"** __June 10-14 __ June 17-21 __June 24-28 __July 8-12 __July 15-19
__July 22-26 __July 29-August 2 __August 5-9**Deposit** (nonrefundable): \$100 due at registration. Balance due the first day of camp.*I give consent for my child, _____, to participate in all camp activities at the West Shore Tennis Club. I will inform WSTC of any pertinent medical conditions _____. I agree that the West Shore Tennis Club and all WSTC staff are not responsible for any injuries suffered by my child while engaged in clinic/camp activities and voluntarily assume the risk that we may be exposed to or infected by COVID-19 while engaged in said tennis activities. Furthermore, I hereby release the aforesaid from any and all liability for such injuries or sickness.*

Parent Signature: _____

2024 WSTC Junior Summer Camps**Amount Due :** _____**Participant's Name:** _____**Age:** _____**Address:** _____**Phone:** _____ **Cell:** _____ **Email:** _____**T-Shirt Size** (circle one): Child XS S M L XL ; Adult : XS S M L XL; Womens: XS S M L XL**CAMPS (Please check all that apply). Make checks payable to "WSTC"** __June 10-14 __ June 17-21 __June 24-28 __July 8-12 __July 15-19
__July 22-26 __July 29-August 2 __August 5-9**Deposit** (nonrefundable): \$100 due at registration. Balance due the first day of camp.*I give consent for my child, _____, to participate in all camp activities at the West Shore Tennis Club. I will inform WSTC of any pertinent medical conditions _____. I agree that the West Shore Tennis Club and all WSTC staff are not responsible for any injuries suffered by my child while engaged in clinic/camp activities and voluntarily assume the risk that we may be exposed to or infected by COVID-19 while engaged in said tennis activities. Furthermore, I hereby release the aforesaid from any and all liability for such injuries or sickness.*

Parent Signature: _____