

LSTA Lyle Schaefer Tennis Academy

2017 Junior Camps (Ages 12-18)

Session 1 JUNE 12-15

Session 2 JUNE 19-22

Session 3 JUNE 26-29

NEW H.S. Varsity Level

Session 4* JULY 10-13

Session 5* JULY 17-20

* To be eligible Juniors must be competitive at the high school varsity level.

Session 6 JULY 24-27

Session 7 JULY 31-AUG 3



All camps are half-day Monday-Thursday
(8:30 a.m. - 12:30 p.m.).

No refunds for inclement weather. We will try to make up time by extending camp days or adding Friday and Saturday as make-up days.

Note: to be eligible for our basic camps juniors need to have some previous tennis experience. Should be capable of sustaining a 5-6 hit rally from the baseline.

LOCATION

Middleton High School tennis courts (across the street from the Middleton Aquatic Center).

Need another application form?
Download at

www.madisontennis.com

DAILY SCHEDULE

8:30 a.m. Check in; ball/racket control drills; warm-up drills

9:00 a.m. Instructional drills; technical training; tactical sessions

11:00 a.m. Snack break/rest

11:20 a.m. Back on court; warm-up; high performance drills; point play/competitive play

12:30 p.m. Camp day ends

COST: \$240 for each session.

A \$100 deposit per session must accompany your application.

Mail your application today!

APPLICATION FORM

Student name:

Last First Middle Initial
Street Address:

City: _____ State: _____ Zip: _____

Telephone (_____) _____ - _____

Home email: _____

Parent/Guardian: _____

Health Insurance Carrier: _____

Policy #: _____

Date of Birth: _____

Grade in Sept. 2017: _____

School: _____

T-Shirt Size (circle): Adult S M L / Junior M L XL

WAIVER STATEMENT

I hereby waive, release and forever discharge Lyle Schaefer, his staff, Middleton Recreation Dept., and Middleton/Cross Plains High School from any liability and claims arising from any loss, personal injury, or property damage that may occur during participation in the camp. I am aware of the risks of playing tennis and verify that my daughter/son is physically fit to participate. In case of emergency, I grant permission for my daughter/son to receive emergency medical treatment at a local hospital.

Signature of parent/guardian _____ Date _____

Indicate session/s:

___ **Session 1** ___ **Session 2** ___ **Session 3**
___ **Session 4** (H.S.Varsity) ___ **Session 5** (H.S.Varsity)
___ **Session 6** ___ **Session 7**

A \$100 deposit per session must accompany this application. The balance is due the first day of each session.

Make checks payable to **Lyle Schaefer Tennis Academy LLC (NOT LSTA)** and send completed application to:

Lyle Schaefer
5025 Tomahawk Trail
Madison, WI 53705

QUESTIONS? Contact Lyle Schaefer
(608) 220-7533 or lyle@madisontennis.com