LSTA Lyle Schaefer Tennis Academy 2021 Junior Camps (Ages 12-18)

All camps are half-day Monday-Thursday (9:00 a.m.-NOON)

- Session I JUNE 7-10
- Session 2 JUNE 14-17
- Session 3 JUNE 21-24
- Session 4 JUNE 28-JULY I
- Session 5 JULY 5-8
- Session 6 JULY 12-15
- Session 7 JULY 19-22

JULY 26-29 High School Varsity Camp *Instructor consent required.*

Contact Kalla Schaefer at (608) 220-8956 or kallaschaefer@yahoo.com or Lyle Schaefer at (608) 220-7533 or lyle@madisontennis.com

Session 8 AUGUST 2-5 Session 9 AUGUST 9-12

LOCATION

Site for Sessions #1, #2, and #3 TBD (Middleton or near west side Madison). Middleton High School tennis courts (across the street from the Middleton Aquatic Center) for remainder of camp sessions.



DAILY SCHEDULE

- **9:00 a.m.** Check in; ball/racket control drills; warm-up drills
- **9:30 a.m.** Instructional drills; technical training; tactical sessions
- 10:45 a.m. Snack break/rest
- **11:00 a.m.** Back on court; warm-up; high performance drills; point play/competitive play

NOON Camp day ends

Note: To be eligible for our camps juniors need to have some previous tennis experience and be playing at an Advanced Beginner level at a minimum.

COST

\$240 for each session. A \$100 deposit per session must accompny your application.

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.

Mail your application form today!

Need another form? Download at www.madisontennis.com

APPLICATION FORM

Student name:

Last Street Address:	Firs	st			Middle	e Initi	al
City:	_ Sta	ate:			Zip:		_
Telephone ()							
Home email:							
Parent/Guardian:							
Health Insurance Car	rier:						
Policy #:							
Date of Birth:							
Grade in Sept. 2021:							
School:							
T-Shirt Size (circle):	Adult	S	Μ	L /	Junior	Μ	L

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.

Date

Indicate session/s:

Session I Sessio	on 2 _	Session	3
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- Session 4 Session 5 Session 6
- ____ Session 7 ____ Session 8 ____ Session 9
- ___ July 26-29/High School Varsity

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