# LSTA Lyle Schaefer Tennis Academy 2022 Junior Camps (Ages 12-18)

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

- Session I JUNE 13-16
- Session 2 JUNE 20-23
- Session 3 JUNE 27-30

Session 4 JULY 4-7

- Session 5 JULY 11-14
- Session 6 JULY 18-21

# **JULY 25-28** 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 7 AUGUST I-4 Session 8 AUGUST 8-11

## LOCATION

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

Site for Session #8 TBD (Middleton or near west side Madison).



### 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 be playing at a mid - J.V. high school team level at a minimum.

#### COST

\$250 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:	First		Middle	e Initi	al
City:	State:		Zip:		_
Telephone ()	)				
Home email:					
Parent/Guardian:					
Health Insurance Ca	arrier:				
Policy #:					
Date of Birth:					
Grade in Sept. 2022					
School:					
T-Shirt Size (circle):					L
WAI	VER STAT		ти		
I hereby waive, relu- Schaefer, his staff, Middleton/Cross PI claims arising from damage that may of I am aware of the r my daughter/son is of emergency, I gra receive emergency	Middleton Re lains High Sch any loss, per occur during p risks of playing s physically fit ant permission	creation nool from sonal inju- articipation g tennis a to partici n for my c	Dept., and any liabil ury, or pro on in the and verify pate. In c daughter/s	d perty camp that ase son to	/ ). )

Signature	of parent/guardian	
5	1	

Indicate session/s:

Session I Session 2 Sessio	n 3
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Date

- Session 4 Session 5 Session 6
- Session 7 Session 8
- \_\_ July 25-28/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