LSTA Lyle Schaefer Tennis Academy 2023 Junior Camps (Ages 12-18)

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
- **I I:00 a.m.** Back on court; warm-up; high performance drills; point play/competitive play
- **NOON** Camp day ends

COST

\$260 for each session. A \$100 deposit per session must accompany 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.



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

Session JUNE 12-15
Session 2 JUNE 19-22
Session 3 JUNE 26-29
Session 4 JULY 3-6
Session 5 JULY 10-13
Session 6 IULY 17-20

JULY 24-27 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 JULY 31-AUG 3

Session 8 AUGUST 7-10

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).

Note: To be eligible for our camps juniors need to be playing at a mid - J.V. high school team level at a minimum.

Mail your application form today!

Need another form? Download at **www.madisontennis.com**

APPLICATION FORM

Student name:

Last Street Address:	First			Middle	Initi	al
City:	State	e:	Z	'ip:	1 3	_
Telephone ()				_		
Home email:						
Parent/Guardian:						
Health Insurance Ca	arrier:					
Policy #:						
Date of Birth:						
Grade in Sept. 2023	5:					
School:						
T-Shirt Size (circle):	Adult S	5 M	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.

Signature of parent/guardian

Date

Indicate session/s:

- Session I Session 2 Session 3
- ___ Session 4 ___ Session 5 ___ Session 6
- Session 7 Session 8
- _ July 24-27/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