

**Rancho Valencia Resort & Spa
Junior program run by West Coast Tennis Academy**



West Coast
Tennis Academy

Summer Tennis Sports Camp 2010

- TIER 1:** Participant is ranked top 150 in Southern California
TIER 2: Participants play in Open/Satellite USTA Tournaments/Varsity Team
TIER 3: Participants play in Satellite/Novice USTA Tournaments/ JV Team
TIER 4: Participants are starting to play pts and just learning how to play

Age/Levels: (A) 5-7 ½ yrs old (B) 7-9 ½ (C) 10-16 yrs old T2, T3,T4

Half Day Camps 9:00 to 12:00 pm

Dates: June 28-July 2 July 5-9 July 19-23 August 16-20

June 28-July 2	(B) 7-9 ½ yrs old, (C) (T3 & T4) Theme: Tennis, Volleyball
July 5-9	(C) (T3, T4) 10-16 yrs Theme: Tennis, Match Play
July 19-23	(A) 5-7 yrs old, (B) 7-9 ½ (C) T4 10-16yrs Theme: Tennis, basketball,
August 16-20	(A) 5-7 yrs old (B) 7-9 ½ yrs old (C) T3, 4 Theme: Tennis, paddle tennis

Week Fee: \$250.00 Day Fee \$ 70.00

*full week campers include tee shirt

Full Day Camps 9:00-3:30

All camps have other activities only the main 2 are listed for each camp, such as but not limited to, match play, grass games, Frisbee catch, badminton, et

June 21-25	(B) 7-9 ½ (C) T4 10-14 yrs old (C) T3 10-16 yrs old Tennis, basketball
July 26-30	(B) 7-9 ½ (C) Tier 2, 3, 4 10 – 16 Tennis, paddle tennis
August 9-13	(B) 7-9 ½ (C) Tier 2,3,4 10-16 Tennis, Basketball

Week Fee: \$350.00 Day Fee \$ 120.00

*full week campers include tee shirt * daily light snack is included

* If you are interested in the Academy Style camp for higher level players – please visit our website: www.playwcta.com All players should have a “tennis” bag with the following items, hat, sunscreen, racket, sweatshirt, tennis shoes, snack food, and a drink. Please label all of your valuable items. WCTA is not responsible for lost items.

Full Payment is required at the time of booking. Parents must sign the WCTA waiver before players start camp. Contact us at: 760-753-5530 or www.playwcta.com
Mail Fees and registration to: PO Box 230132, Encinitas Ca 92023

WCTA Summer 2010 Sports Camp @ Rancho Valencia Resort

Student Name _____ Parent's Full Name _____

Mailing Address: _____ City & Zip _____

Player's Age _____ E-mail Address: _____

Medical Conditions _____

Home Phone# _____ Emergency # _____

Amount enclosed: _____

Circle camp and date you are enrolling in:

Half Day June 28-July 2 July 5-9 July 19-23 August 16-20

Full Day June 21-25 July 26-30 August 9-13

Group: A B C D Tier 1 2 3 4

Waiver: In consideration of being permitted to participate in any way in West Coast Tennis Academy (Rancho Valencia Junior Program run by West Coast Tennis Academy) I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue RVRby@WCTA, its officers, employees, and agents from liability from any and all claims including the negligence of RVRby@WCTA, its officers, employees and agents, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to participation in RVRby@WCTA.

Assumption of Risk: Participation in RVRby@WCTA carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary and range from minor injuries such as scratches, bruised, and sprains to major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks and concussions to catastrophic injuries including paralysis and death.

Indemnification and Hold Harmless: I agree to defend, indemnify, and hold harmless RVRbyWCTA from and against any and all loss, liability charges, actions, claims, suits, and expenses (including attorney fees) and cost which may arise by reason of participation in WCTA. (WCTA@RVR does not provide any insurance for program participants).

RELEASE AUTHORIZATION FOR EMERGENCY TREATMENT: I understand that I am required to maintain and carry accident medical insurance coverage for the child listed on their application and I verify that the coverage information attached herewith is accurate and true. As parent/guardian, I hereby consent to emergency treatment of my minor child as a result of accident or injury. I further agree to pay any and all costs incurred as a result of said treatment. I further agree to expressly assume the risk of my minor child participating in WCTA@LCR.

I am the parent/guardian of the minor _____ and I am signing this release on behalf of said minor.

I HAVE READ THE ABOVE EMERGENCY AUTHORIZATION, WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, fully understand its terms and understand that I am giving up substantial rights by agreeing to these terms, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature and agreement to be a complete and unconditional release of all liability to the greatest extent allowed by law.