



# 2022 Golden Gales Tennis



## July 5 - 7, 2022

**Golden Gales Tennis Camp** is a training program organized by Gary Elick, Head Coach and benefits the LHS players and younger tennis players in the community. This is one of our ways to raise funds for the 2022-2023 Boy & Girls Tennis Seasons and Golden Gales Tennis Association. This camp includes mental, physical and technical tennis training.

Thank you for your continued participation and support of our community tennis programs. Our Program will focus specifically on Junior & Adult Tennis Training & Competition. Tennis programming will be directed by Justin Clark, a USPTA/USPTR Certified Tennis Professional, former Collegiate & Professional Coach & published in Tennis magazine.

### **Important Information: Reduced Cost Racquets Available for Purchase \$30**

- **Junior Training (Tues. Wed. & Thursday Mornings)**
  - 8:00-9:00 AM \$25      **3 Hours** (Grades 1st - 5th)
  - 9:00-10:30 & 3:30-5:00 PM \$60      **7.5 Hours** (Grades 6th - 8th)
  - 10:30-12:30 & 3:30-5:00 PM \$70      **9 Hours** (Fresh. - Seniors)
- **Adult (Coed) Training (Tues. Wed. & Thursday Night)**
  - New to Tennis & Learning \$35\_- 5:00-6:00 PM
  - Inter./Advanced Fast Paced \$45 - 6:00-7:30 PM

1. **Facility** - Rod Ishida Tennis Center - LHS Varsity Tennis Courts
2. **Payment** - Make checks payable to Golden Gales Tennis Association
3. **Staff** - Lancaster High School Staff, Players & Guests
4. **Registration** - Please complete & send registration to:
  - a. **Justin Clark**, RR1, Box 693, Sugar Grove, OH 43155
5. **Questions:** Contact [j\\_clark@lcsschools.net](mailto:j_clark@lcsschools.net)

**Thank You for Your Participation Over the Years!**

**Register Lancaster P&R:** Register "SCAN ME" Link Above > Summer Tennis Camps. Sessions **Wk #1** June 13,15,17, **Wk#2** June 20,22,24 **Wk#3** June 27,29 July 1 **Week #4** July 11,13,15. "SCAN ME" Lancaster P&R to register.

## Registration Form

**Student Name:** \_\_\_\_\_  
**DOB (age):** \_\_\_\_\_  
**Home Address:** \_\_\_\_\_  
**City/Zip** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_  
**Cell Phone:** \_\_\_\_\_  
**Grade** \_\_\_\_\_ **Shirt** Youth or Adult  
**Entering:** \_\_\_\_\_ **Size:** S\_Med\_LG\_XL  
**Parents Email:** \_\_\_\_\_

### **Permission Statement:**

I \_\_\_\_\_, give my permission for my child, \_\_\_\_\_ to participate in the Golden Gales Tennis Camp and agree that any medical services needed are to be covered by my family medical coverage. In consideration for my child's participation, I will not hold the camp employees or Lancaster City Schools responsible for any loss, damages, or injuries that may have occurred as a result in my child's participation in this camp. In addition, I give my permission for any medical treatment by any qualified physician or at the nearest emergency room in case that I cannot be reached.

**Parent/Guardian Signature:** \_\_\_\_\_

**Emergency Contact Number:** \_\_\_\_\_

**Contact:** [j\\_clark@lcsschools.net](mailto:j_clark@lcsschools.net)

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