



# Summer Tennis Camps 2015

**Camp Director – Scott Hill**

**Weeks: June 8<sup>th</sup> - 11<sup>th</sup>  
June 22<sup>th</sup> - 25<sup>th</sup>  
July 6<sup>th</sup> - 9<sup>th</sup>**

**WHERE: Hillgrove High School Tennis Courts**

**TIME: 9:00 am – 12:00 pm**

**DAYS: Monday-Thursday (make-up day will be Friday)**

**GRADES: 1<sup>st</sup> – 8<sup>th</sup> Graders**

**Levels: Beginner-Intermediate**

**\*Players will be grouped by age and ability\***

**COST \$95 each camp**

**(\$85 for each additional child)**

**\*Spaces are limited to 24 players for each camp\***

**Non-refundable: Make checks payable to:**

**Scott Hill**

**For more information contact:**

Scott Hill

e-mail: [Scott.Hill@cobbk12.org](mailto:Scott.Hill@cobbk12.org)

Phone: 770-713-2739

**Camp Application – cut off and send with payment**

Name \_\_\_\_\_  
Entering Grade: \_\_\_\_\_  
Parents Name: \_\_\_\_\_  
Address \_\_\_\_\_  
Work/Cell Phone #: \_\_\_\_\_  
e-mail address: \_\_\_\_\_

Camp: (Circle Please) June 8-11    June 22-25    July 6-9

Youth T-shirt size: Small    Medium    Large

Adult T-shirt size: Small    Medium    Large    X-Large

**Emergency Information:**

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

CUT ALONG DOTTED LINE AND MAIL WITH PAYMENT

**Consent Form**

I waive all rights and claims for damages against the Hillgrove Tennis Camp or its representatives by my child in association with this camp, and which may arise out of his traveling to or returning from camp. I also authorize the director of the camp to act for me according to their best judgment in any emergency requiring medical attention. My child has had a recent medical exam and is physically able to participate in athletic activities including tennis.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

**Make Checks Payable to:**

**Scott Hill**

Mail your check and application to:

Hillgrove High School

c/o Scott Hill

4165 Luther Ward Road

Powder Springs, Georgia 30127