

2021 CAMP

CLEVELAND HEIGHTS Developmental Sports Camp 2021

Tennis July 19-23

If you would like information on these camps or other programs
of the Cleveland Heights Parks and Recreation Division,
call 216-691-7373 or email ckendel@clvhts.com

www.chparks.com

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Cleveland Heights
Tennis Camp
40 Severance Circle
Cleveland Heights, Ohio 44118



2021 TENNIS developmental camp



**Cain Park Tennis Courts
Ages 9-18
July 19-23**

**Camp Coordinator:
Cleveland Heights
Tennis Program Coordinator
& Heights High Coach
John Laskarides**

**PARKS & RECREATION
216-691-7373**

2021 TENNIS developmental camp

Ages: 9-18 years old
Dates: July 19-23, 2021
Location: Cain Park Tennis Courts
(on Superior Road near Taylor
Cleveland Heights)
Road in
Time: 9:00am - 4:00pm
Cost: \$150 CH Rec. ID card holders
\$180 all others
(\$25* discount or multiple camp
registrations or additional family
members)

CAMP INFORMATION:

Camp Coordinator is Cleveland Heights Tennis Program Coordinator and Heights High Coach John Laskarides.

Camp staff is made up of experienced tennis players and trained instructors, many who have played varsity tennis at Heights High or college.

We will focus on basics at all levels so that each player can lay a foundation to improve their skills. All campers will have their games analyzed so instruction can be individualized. This camp is a fun learning experience!

Instructors will spend time with each camper to learn his/her goals and work with them to develop a plan to meet those goals over the summer. Ability level player groups can be formed if there is enough interest.

Advice will be given about appropriate fall and winter play and opportunities.

PROGRAM AT A GLANCE:

Organized Drills
Daily Technique Presentations
Exhibitions & Tactical Demonstrations
Strategy Sessions
Situation Analysis
Competitive Play
Periodic Evaluation
Play and Observe Top Players
Team Competition

A TYPICAL DAY WILL INCLUDE:

Stroke Development
Footwork
Drill sessions
Strategy discussions
Match play
Games
Tournaments
Frequent water breaks

We believe that tennis is a sport that can be fun at all levels and can be played for a lifetime. Developing your game is important to your enjoyment. Whether you are interested in exploring tennis as your sport or intent upon improving your skills for varsity play, this camp will work for you.

Each camper will receive a camp t-shirt.

REGISTRATION FORM 2021 Youth Tennis Camp

MAIL TO:
Cleveland Heights Tennis Camp
40 Severance Circle
Cleveland Heights, OH 44118

IN PERSON, RETURN TO:
Cleveland His. Community Center
One Monticello Blvd.
(at Mayfield Rd.)

Participant's Name _____

Sex (M, F) _____

School _____

Age _____

Home address _____

City/State/Zip _____

Phone _____

\$150 Rec. ID card holder \$180 all others residing in CH-UH School District
(\$25 discount for multiple camp registrations or additional family members)

T-shirt size (check one):

Adult S M L XL Youth Size L

WAIVER/RELEASE OF LIABILITY/MEDICAL CONSENT

In consideration of the City of Cleveland Heights ("City") providing sponsorship and/or providing facilities for this program and/or the Cleveland Heights-University Heights Board of Education ("Board") providing facilities, I hereby release and hold harmless and agree to indemnify the City and/or the Board and their employees, agents, and representatives from any and all claims, costs, damages and liabilities for injuries or property damage sustained or caused by me or my child or ward while participating in any program offered by the City. I understand that fees do not include accident or personal property insurance. I further represent that I am, or my child or ward is, physically capable of participating in the program based upon consultation with my, or my child's or ward's personal physician. Further, in the event of any injury, I hereby give my permission and consent and authorize emergency first aid and/or medical and/or hospital care or treatment for my child/ward if deemed necessary by qualified medical or emergency personnel or by said employees, officers, agents or representatives of the City and its Parks and Recreation Division, and further agree to assume all expenses for said treatment.

PLEASE FILL IN THIS BRIEF HISTORY ON YOUR CHILD/WARD TO AID OUR INSTRUCTORS AND ANY PHYSICIAN WHO MIGHT TREAT HIM/HER.

PARENT/LEGAL GUARDIAN'S NAME: _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____

PHONE NUMBER (home): _____ (work): _____ (mobile) _____

CHILD'S PHYSICIAN'S NAME: _____ PHONE: _____

AFFILIATED HOSPITAL (IF ANY): _____

ALLERGIES: _____

CHRONIC ILLNESSES: _____

OTHER PERTINENT CONDITIONS OR INJURIES: _____

INSURANCE COMPANY: _____