

PEAK Junior Summer Tennis Camp—2022

Inspire Excellence * For the love of the Game

Sibling Discount 5% ♦ 10% 6+ Week Discount



Program/Age	Day/Time	Limit	Where	Cost/week
**High Performance 1 (invitation, contact coaches) 4/ct	TWTh 1:30-4:30pm	12	at CHS all courts	\$180
**High Performance 2 (invitation, contact coaches) 6/ct	TWTh 1:30-4:30pm	18	at CHS all courts	\$180
#Challengers (Jr/HS able to rally with various shots)	TWTh 12-1:30pm	12	at Peak Cts 1-4	\$90
#Future Stars 8+ (beg to intermediate level)	TWTh 12-1:30pm	12	at Peak Cts 1-4	\$90
#Super Stars: 7 & under	TWTh 11-12pm	16	at Peak Ct 4	\$60

HP1: By invitation or confirmed by Steve/Brian. USTA tournament players, rankings, committed to training 5-6 days per week, competition nights, etc. These players can execute and sustain self fed drills at a significant level with all shots. HP2: players (by invitation) able to compete and drill at a good level, train 4 days a week minimum, etc.. (HP and HP2 players expected to have jump ropes, training bands etc for on court speed and fitness use.). We assess players and move as warranted during camp.

Junior Name: _____ DOB: _____ Parent/Guardian Name: _____

Parent/Guardian email _____ Phone: (____) _____

Emergency Contact: _____ Phone: (____) _____

Address: _____ City _____ ST _____ ZIP _____

Select ALL weeks you are attending (pay now to reserve spot):

June 21-23 June 28-30 July 5-7 July 12-14
 July 19-21 July 26-28 Aug 2-4 Aug 9-11

****For HP1 /HP2 make checks out to Steve Clark, attach to registration form, give to Steve or Brian or leave for Steve at Front Desk.**

All other groups pay through PEAK below.

Check# _____ CC Charge CC/Check on file as Member Total\$ _____

I, the undersigned, certify that I am the legal parent/guardian of above-named participant, and that he/she has my permission to participate in this activity. I agree to assume full responsibility for any injuries incurred by him/her in connection with this activity. Should a medical emergency arise, the parent/guardian will be notified immediately. If the undersigned is not available for consultation, permission is granted for PEAK Staff to obtain medical treatment as deemed necessary. Undersigned also realizes that he/she will be contacted immediately if the minor fails to comply with acceptable rules of conduct. The undersigned, in consideration of participation in this activity, agrees to indemnify and hold PEAK Health and Wellness/Steve Clark and assistant coaches harmless and release its officers, employees and agents from any liability for any injury arising out of or in any way connected with participation in this activity. I further understand that PEAK Health and Wellness Center/Steve Clark and assistants does not carry medical Insurance.

Signature of Parent/Legal Guardian: _____ Date: _____

Steve Clark, PhD—Director of Tennis: High Performance Junior/Adult Competition
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