



“Strive For Excellence!”
 “Go for it”

Camden High Tennis Clinics

Beginning to Intermediate First – Twelfth Grades

Students entering 1st - 5th grades should attend morning sessions only, unless approved by Coach Breag.

T-Th	9– Noon	\$70.00
June 4-6	9 - 4	\$120.00

T-Th	9 - Noon	\$70.00
June 11-13	9 – 4	\$120.00

Competitive Team Camp Intermediate to Advanced

M-F June 17-21	9 – 4	\$225
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Camp includes a t-shirt
Make checks payable to CATS.

Clinic enrollment is limited so early registration is highly encouraged. We

must receive your registration by May 17th to secure your child’s t-shirt size.

RAIN DOES NOT CANCEL

Clinic Schedule

Morning Session

Day 1: Ground strokes
 Day 2: Serve and Return
 Day 3: Volleys, Approach Shots, Overheads

Afternoon Session

Critical Match Play and Competitive Games

Daily

9 -9:30: Warm up and review
 9:30 – 11: Drills
 11 to Noon: Competitive Games



Please Note

All participants should bring a **WATER BOTTLE**, sun block, hat, bug repellent, and a tennis racket. A few rackets will be available for students who do not have one.

Participants in day-long camps should bring a lunch.

The tennis clinics serve as a major fundraiser for our tennis programs. However, we do not deny any child the opportunity to learn the game. If there is a financial hardship which might prevent your child from participating,

please contact Coach Breag to work out a barter agreement.

Registration Information

Registration may be mailed to:

Coach Marcus Long
 St. Marys Middle School
 205 Martha Drive
 St. Marys, GA 31558

or dropped off at SMMS or CCHS athletic office. **Clinic size is limited due to the number of courts available, so early registration is highly recommended.** If mailing in a registration, please note that we must receive it by May 10th.

Students will be registered on a **FIRST COME FIRST SERVED** basis. If space is available, registrations will be accepted the first clinic day at the courts at 8:30 a.m.

Please ensure that your registration form is completely filled in, **signed**, and your check is included. **Make checks payable to CATS.**

A \$15 discount will be given for multiple camps or for siblings after the first camp is paid in full.

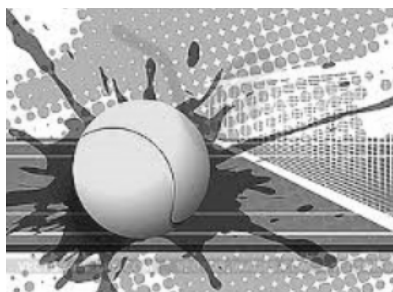
Need more information? Contact Coach Daniel Breag at 912-674-0970, Coach Kayla Miller at 912-674-4226 or Coach Marcus Long at (912) 253-9914 or by Email:

dbreag@camden.k12.ga.us
mlong1@camden.k12.ga.us
kmmiller@camden.k12.ga.us

Competitive Team Camp: Designed for intermediate to advanced players planning on playing high school tennis, or serious juniors seeking competitive experiences. This camp is aimed at taking players to the next level of their game (no beginners). We will devote much attention to stroke development, technique, and critical match play. June 17-21 (M-F) we will be on the courts from 9 a.m. until 4 p.m. Friday will be a tournament. Cost includes lunch. This camp is open to competitive, experienced juniors (rising 6th -12th grades).

The Clinic Staff

The clinics will be run by CCHS head tennis coach Daniel Breag (PTR High Development Pro Certified), and CCHS assistant coaches Marcus Long and Kayla Miller both PTR certified instructors. All have extensive tennis experience as coaches and players. The coaches will be assisted by members of the CCHS tennis teams.



Off-Season Development

These summer camps are a great introduction to the game, but for serious players, *the best way to improve is through consistent competitive play throughout the year, along with additional instruction by a qualified professional.* All participants must be USTA members and are responsible for their own registration and fees. The website is www.usta.com. See Coach Breag, Long or Miller for more info.

IMPORTANT - Please Note

To secure athletes t-shirt size, registration must be received by May 17th. Participants in day-long camps should bring lunch. **Every day**, each participant should bring a **WATER BOTTLE**, sun block, hat, bug repellent, and a tennis racket. A few rackets will be available for students who do not have one.

Clinics will be held at the CCHS tennis courts.

Registration

Name _____

DOB ____/____/____ Age Now _____

Grade for 2019-20 year _____

Home Address: _____

Phone Home (____) ____-_____

Work (____) ____-____ Cell (____) ____-____

Email: _____

Please check session(s) below:

	Morning	All Day
T-Th 6-4-6		
T-Th 6-11-13		
M-F 6/17-21	NA	

T-shirt size: YS YM AS AM AL AXL

Please Print Parent's (Guardian's) Name

Signature: _____

I certify that my dependent named in the above application has had a medical examination and is physically able to participate in all tennis clinic activities. I also certify that my dependent has adequate medical insurance to cover any accident that may occur while he/she attends the Camden High Tennis Clinic(s). *By signing this form*, I have given permission for my dependent to participate in this clinic and related events. *My signature* above is my acknowledgement that in case of an accident, I am solely responsible for the medical treatment (and payment for said treatment) of my dependent. My signature also absolves any member of the Camden High Tennis Clinic Staff or the Camden County BOE involved in the administration of the clinic from any liability in case of an accident.