

# Summer Camp Release Form



Doctor's Name \_\_\_\_\_  
Doctor's Phone Number \_\_\_\_\_  
Insurance Name \_\_\_\_\_  
Policy Number \_\_\_\_\_  
In Case of Emergency  
Closest Relative or Friend \_\_\_\_\_  
Phone Numbers \_\_\_\_\_  
Any known allergies? Yes / No \_\_\_\_\_  
If yes, explain \_\_\_\_\_  
Anything else we need to know about your child? \_\_\_\_\_  
\_\_\_\_\_

I hereby hold Las Posas Country Club, Century Golf, its agents, officers and employees harmless from and waive, release, and discharge any claim or cause of action I have, or in the future may have, for injury, accident, illness, or death occurring during or by reason of this tennis camp, including but not limited to the administration of or the non-administration of said medical treatment, first aid and/or medication in accordance with the consent and/or information provided above. This release is intended to discharge in advance Las Posas Country Club, Century Golf, its agents, officers and employees from any and all liability for injury, accident, illness, or death rising out of or connected in any way with the camp and/or administration of or non-administration of medical treatment, first aid and/or medication to the below named participant by herself / himself or others, even though that liability may arise out of negligence or carelessness on part of the persons mentioned above.

**I HAVE CAREFULLY READ THIS AUTHORIZATION AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS AND VOLUNTARILY CONSENT TO ITS TERMS AND CONDITIONS.**

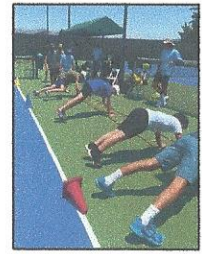
Parent's Signature: \_\_\_\_\_

Camp Participant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

# SUMMER YOUTH TENNIS CAMPS



**2023**  
Ages 6 - 18



## CAMP SESSIONS

Monday - Thursday 10:30am - 3:00pm

June 26-29

July 10-13

July 17-20

July 31-August 3

August 7-10



Las Posas Country Club  
955 Fairway Drive, Camarillo, California



# Your Professionally Certified Coaching Staff

Las Posas Tennis Camps have the most accredited coaches in Southern California.  
All coaches are USTA Safe Play Certified and have many years of coaching experience.

Mark McCampbell- USTA National Coach PTR, USPTA, USTA Coaching Excellence Award Winner  
Jennifer Brown - PTR Junior Team Tennis Coach / over 20 years of coaching experience  
Brian Giffin - USPTA Former Division 1 player / over 20 years of coaching experience  
Valerie McKinney - USPTA Former Division 1 player / over 20 years of coaching experience

## Typical Daily Camp Itinerary

10:30 to 11:00 am	Tennis conditioning using the latest strength and agility techniques
11:00 to 12:00 pm	Stroke of the Day, and drills to improve every aspect of your game
12:00 to 12:45 pm	Lunch (provided)
12:45 to 2:00 pm	Match Play
2:00 to 3:00 pm	Pickleball, Corn Hole, Ping Pong & other games

(Swimming option will depend on completion of pool renovation)

## What to Bring

Bring your tennis racquet (or we have rentals), sunscreen, and water or Gatorade.  
(Bathing Suit and Towel if pool renovations are complete)

## For More Information

Please contact Jennifer Brown at (805) 279-2827  
or by email at [larnjen@aol.com](mailto:larnjen@aol.com) or contact the Tennis Center at (805) 987-4685

# REGISTRATION FORM

(complete reverse side)

cut here

Camper's Name \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Parent's Home Phone: \_\_\_\_\_  
Mom's Cell: \_\_\_\_\_ Mom's Work: \_\_\_\_\_  
Dad's Cell: \_\_\_\_\_ Dad's Work: \_\_\_\_\_  
Email: \_\_\_\_\_

## Camp Sessions (Monday - Thursday)

Please select your desired week(s) below

_____ June 26 - 29	10:30 am to 3:00 pm
_____ July 10 - 13	10:30 am to 3:00 pm
_____ July 17 - 20	10:30 am to 3:00 pm
_____ July 31 - August 3	10:30 am to 3:00 pm
_____ August 7-10	10:30 am to 3:00 pm

SINGLE DAY CAMPS: Date(s): \_\_\_\_\_ Amount: \_\_\_\_\_

## Payment

Please make your checks payable to Las Posas Country Club.

4-day Camps: \$375 LPCC Members / \$425 Non-Members  
Single Day Camps: \$105 LPCC Members / \$125 Non-Members

Amount Enclosed: \_\_\_\_\_ Check #: \_\_\_\_\_  
MEMBERS ONLY: Please charge my LPCC Account #: \_\_\_\_\_

Please detach this portion & return to the LPCC Tennis Center, or  
mail to Las Posas Country Club, 955 Fairway Drive, Camarillo CA 93010  
Attention: Jennifer Brown, Tennis Center