



WELCOMES YOUR CHILD TO OUR
PGA JUNIOR TENNIS CAMPS 2019

For juniors that want to improve and elevate their game as well as have fun playing the lifetime sport of tennis. Available to all tennis player levels ages 5-17.

OUR FOCUS IS:

Stroke Production • Drills & Point Play • Mental Strategy • Fitness • Competition • Most Importantly – FUN

PER WEEK: (9AM-3PM)

\$250

AFTERCARE: (UNTIL 5PM)
 *\$50 for the week.

\$10 PER DAY

WEEKLY DATES OFFERED:

- JUNE 3RD – 28TH
- JULY 8TH – AUGUST 9TH

WILSON® and BABOLAT® Racquets and Supplies available for rent or purchase.

SAMPLE ITINERARY

- 9:00am - 9:30am** On-Court Warm-Up and Footwork
- 9:30am - 10:15am** Drills & Skills
- 10:15am - 10:45am** Snack Break and Cool Down
- 10:45am - 12:00pm** Drills & Skills
- 12:00pm - 1:00pm** Lunch
- 1:00pm - 2:00pm** Indoor Sports
- 2:00pm - 3:00pm** Pool (*if weather permits*)
- 3:00pm** Pick Up

*Off-Court Training & Fitness if Inclement Weather

Junior's Name:

Age:

Program Dates:

Guardian Name:

Phone:

Email:

Member #:

RM #:

Referred to By:

***DISCOUNTS AVAILABLE:**

MEMBER 10%

LOYALTY/SIBLING 10%

*Waiver/Indemnification: Parent or legal guardian must sign below before golfer is accepted in any and all Tennis Summer Programs: As parent/legal guardian of the child named herein, I hereby represent that the child has been examined by a pediatrician and is physically fit to participate in Summer Tennis Activities. I understand there are inherent risks in participating in this athletic program. I hereby accept responsibility for and agree to pay any and all costs of medical treatment resulting from any injury suffered by my child as a result of his/her participation in any PGA Summer Program. I further agree to indemnify and hold harmless PGA National Resort & Spa, its agents, servants, employees and/or representatives from any and all liability, damage, cost or expense arising out of my child's participation, of every kind of nature, in Summer Program activities/events. In the event that I cannot be reached in an emergency, I hereby give permission for care to be administered by a qualified staff member, EMT, physician/staff of hospital or any other qualified individual to provide any medical treatment deemed necessary.

Signature of parent/legal guardian:

Date:



RETURN TO: PGA Pro Shop
ATTN: Jana Wilks (Tennis Camp Director)
 600 Avenue of the Champions, Palm Beach Gardens, FL 33418
 Phone: 561.627.4444 • Jana.wilks@pgaresort.com



