

Arapahoe Summer Tennis Camps - 2017

This summer, two week-long summer camps will be offered at Arapahoe High School for all prospective tennis players at Arapahoe. During each week, two different sessions will be offered, for varying abilities. Both options/programs will be led by *Coach Weyhrich – AHS Head Tennis Coach*. These camps will focus on building the appropriate skills (stroke production, match play, mental toughness) to compete at the various levels of high school tennis. In addition to these week-long camps, some “drop-ins” will be offered. These dates and times will be announced at a later date. Feel free to contact Coach Weyhrich with any questions at pweyhrich@lps.k12.co.us or at 303-359-3481.

Week 1: June 26th-30th

- 8am-10am - Boys and girls varsity players and players that played in the top 5 of JV
- 10am-Noon - Returning boys and girls JV players outside of the top-5 and all other prospective players
 - ****If you are an incoming freshman/new player at Arapahoe and you feel your skill/ability would put you in the 8am group, please email or call Coach Weyhrich to discuss**

Week 2: July 24th-28th

- 8am-10am - Boys and girls varsity players and players that played in the top 5 of JV
- 10am-Noon - Returning boys and girls JV players outside of the top-5 and all other prospective players
 - ****If you are an incoming freshman/new player at Arapahoe and you feel your skill/ability would put you in the 8am group, please email or call Coach Weyhrich to discuss**

Cost: \$75 per week; make checks payable to AHS Tennis

Venue: Arapahoe High School

Limited Space: A maximum of 24 players per session. Spots will be awarded on a first come, first serve basis.

Contact and Registration: Please email Coach Weyhrich at pweyhrich@lps.k12.co.us to reserve your spot in the camp. Fill out the bottom portion of the document and bring it with you the first day of camp.

Player's Name: _____

Grade in the 2017/18 school year: _____

Player's Contact Information: _____

Parent's Emergency Contact Information

Name: _____

Relationship to Player: _____

Contact Information: _____

Medical Treatment Authorization

I _____, do hereby appoint and authorize the Arapahoe Summer Tennis Program and its designated representative as my Attorney-in-Fact to obtain and consent to any and all medical/dental attention and hospital care and treatment, including major surgery, deemed necessary by an appropriate medical/dental provider selected by Attorney-in-Fact for the health and well-being of my son/daughter, _____ who is attending the Arapahoe Summer Tennis Program. I hereby release and exonerate and discharge the Arapahoe Summer Tennis Program, Arapahoe High School and its representatives from any or all actions or causes of actions, known and unknown, from any injuries incurred in the Tennis Program or on the way to or from the Program. This power shall terminate on Sunday August 14th, 2017. Although serious injuries are not common in supervised athletic programs, it is impossible to eliminate this risk. Participants can, and have the responsibility to help reduce the chance of injury. **PARTICIPANTS MUST OBEY ALL SAFETY RULES AND REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES.** The Arapahoe Summer Tennis Program does not screen applicants for illness, injury, allergies or other medical conditions which would prevent or limit the participation in the athletics. By signing this Permission Form, I acknowledge that I have read and understand the above warning. I acknowledge that I do not know of any medical condition which would prevent or limit the participation of this applicant in athletics. I, on my own behalf of this applicant, hereby release the Arapahoe Summer Tennis Program, Arapahoe High School and its representatives from any financial responsibilities or liability arising from injury to this applicant in connection with his or her participation in the Summer Tennis Program.