



# SUMMER CAMP 2024

MONDAY, JUNE 17 THROUGH FRIDAY, AUGUST 16, 2024

Unleash your potential with our exclusive Summer Tennis Academy Camp, tailored to tennis enthusiasts aged 5-18. Our comprehensive program promises an immersive experience designed to enhance skills, boost fitness and foster a love for the game.

## Developmental Camp

*(Red Ball/Orange Ball/Green Dot/Tournament Prep)*  
Ages 5-18 | 9:30 AM—11:30 AM

The Red Ball format is played on a 36x18 foot court, using a red felt ball and a 19-23 inch racquet. The players are introduced to the basics of tennis.

The Orange Ball and Green Dot format introduces players to the proper grip, preparation and swing path for each stroke, as well as learning the basic footwork patterns and stances. Tactically, players are acquiring the skills of consistency, placement, and basic spin as they learn to control the ball, rally and serve.

The Tournament Prep players have acquired a mastery of basic strokes, positioning and placement of the ball.

**Weekly Rate:** \$175 Member / \$210 Non-Member

**Daily Drop-in rate:** \$50 Member/\$60 Non-Member.

## WHAT'S INCLUDED:

### Tennis Clinics:

Dive into skill-building sessions led by seasoned coaches.

### Fitness Training:

Elevate your physical game with specialized workouts.

### Beginning Match Play:

Once players have mastered the necessary skills, they will learn basic match play strategy and scoring.

## INFORMATION TO KNOW

Gatorade and snacks provided.

Essentials—tennis shoes, sunscreen and hat, water bottle. Tennis rackets are available to borrow and/or purchase. Summer Camp is open to players 5 years old and older.

Non-members cannot be dropped off any earlier than 15 minutes prior to the start of their session. Any player picked up 5 minutes after the end of the session will be charged a \$10 late fee. No refunds of program, no switching of days, no make -up days.



Parents/guardians must sign the Guest Waiver by using the QR code to the left prior to player attending camp. If you have trouble with the QR code, please visit the WAC website.

32250 Triunfo Canyon Road,  
Westlake Village, CA 91361

<https://wac.caclubs.com>

[wacfd@caclubs.com](mailto:wacfd@caclubs.com) | 818.889.6164



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## REGISTRATION FORM

Members may register through the WAC app

Player 1 Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Player 2 Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Parent Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Indicate individual dates or circle weeks of attendance below.  
If registering more than one player, indicate by noting names.

Individual Dates

Weeks

_____	_____	Week of June 17	Week of July 8	Week of July 29
_____	_____	Week of June 24	Week of July 15	Week of August 5
_____	_____	Week of July 1*	Week of July 22	Week of August 19

\*Week of July 1 will be pro-rated. No camp on 4th of July.

## Member/Non-Member Cost

\_\_\_\_\_ Player 1  
 \_\_\_\_\_ Player 2  
 \_\_\_\_\_ TOTAL  
 \_\_\_\_\_ Date of payment

## Acknowledgment of Policies

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I acknowledge the above policies. \_\_\_\_\_ (initials)



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## JUNIOR TENNIS PROGRAMS & CLINICS Electronic Funds Transfer (EFT) Credit Card Authorization Agreement:

Credit Card Type: \_\_\_\_\_ Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_ Security Code: \_\_\_\_\_

Address of Cardholder: \_\_\_\_\_

Please keep this card on file for future purchases

I authorize the Westlake Athletic Club ("Club") to charge the above credit card for the **Junior Tennis Clinic/Program** fees I have indicated on my child's registration form

I understand that if my credit card is declined, I am responsible for all declined credit card charges. Additionally, the Club reserves the right to charge a \$25 fee for any returned or declined items. Cancellation or revocation of this authorization, or stopping any payment hereunder, does not affect any other payments authorized on the date of the Agreement or in the future. I confirm that I am authorized under the terms of the applicable agreement with my financial Institution (the "Bank Agreement") to the account I have designated for the purchase of goods and services from the Club. I certify that all statements made in this payment authorization are true and correct to the best of my knowledge. I understand that any failure by the applicable financial institution to pay any charge in full does not release me from any liability for obligations owing to the Club. I agree to comply with my Bank Agreement at all times that this Authorization is in effect.

Authorization Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Participant's Name: \_\_\_\_\_