



SUMMER CAMP 2023

YOUR HAPPY AND HEALTHY PLACE

MONDAY, JUNE 19 THROUGH FRIDAY, AUGUST 18, 2023

RED BALL / ORANGE BALL

11:30 am - 3:30 pm

Tennis 11:30 am - 12:30 pm

Lunch 12:30 pm - 1:30 pm

Tennis 1:30 pm - 2:30 pm

Swim/Games 2:30 pm - 3:30 pm

PRICING

2 Days (T-Th) \$176 Member / \$211 Non-Member

3 Days (M-W-F) \$238 Member / \$286 Non-Member

Week \$352 Member / \$422 Non-Member

GREEN DOT BALL / TOURNAMENT PREP

11:00 am - 4:00 pm

Tennis 11:00 am - 12:30 pm

Lunch 12:30 pm - 1:30 pm

Tennis 1:30 pm - 3:00 pm

Swim/Games 3:00 pm - 4:00 pm

PRICING

2 Days (T-Th) \$220 Member/ \$264 Non-Member

3 Days (M-W-F) \$297 Member / \$356 Non-Member

Week \$440 Member / \$528 Non-Member

For Performance/High Performance players, refer to the separate registration packet or register online. Performance/High Performance players need approval from Chris Dudeck (Tennis Director) or Vedant Raval (Head Pro) to join.

TENNIS CAMP INFORMATION

Lunch, Gatorade and snacks provided.

During swim time, there will be a certified and trained life-guard at all times overseeing the pool.

Children will have a swim test prior to their first swim time. They must be able to swim the length of the pool without ANY assistance. Children who cannot perform this task will be required to wear a lifejacket while in the pool.

Essentials—tennis shoes, sunscreen & hat, water bottle.

Tennis rackets are available to borrow and/or purchase.

Summer Camp is open to players five years 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 day will be charged a \$10 late fee.

No refunds of program, no make-up days.

I acknowledge the above policies _____. (initials)

SWIM LESSONS AVAILABLE

Private or semi-private lessons can be added to a camper's day. Each 45-minute lesson can be for one or two swimmers for the same fees i.e. two siblings or two friends can share the 45-minute lesson time. Swimmers do not have to be of the same skill level. Instruction and drills will be tailored to each swimmer's level. Lesson blocks are available at:

Mon 4:00-4:45 pm

Tue 8:45-9:30 am, 4:00-4:45 pm

Wed 9:30-10:15 am, 10:15-11 am, 4:00-4:45 pm

Thurs 8:45-9:30 am, 4:00-4:45 pm

Fri 9:30-10:15 am, 10:15-11 am, 4:00-4:45 pm

Fees: \$75/class members or \$95/class non-members. No cancellations, refunds, or make-up days. Contact

Tami Miller at tmiller@caclubs.com or 818.288.0767



Please sign the Guest Waiver by using the QR code to the left.

If you have trouble with the QR code, please visit the WAC website at wac.caclubs.com.



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REGISTRATION FORM

****Members may register through the WAC App****

Player Name: _____ DOB: _____

Player Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Circle Program Level/Days of Week:

- Player 1:** Red Ball Orange Ball
 Green Dot Tournament Prep
 T/Th M/W/F Full Week

Player 1 Circle Dates of Attendance:

June	July	August
19 20 21 22 23	3 4 5 6 7	31 1 2 3 4
26 27 28 29 30	10 11 12 13 14	7 8 9 10 11
	17 18 19 20 21	14 15 16 17 18
	24 25 26 27 28	

- Player 2:** Red Ball Orange Ball
 Green Dot Tournament Prep
 T/Th M/W/F Full Week

Player 2 Circle Dates of Attendance:

June	July	August
19 20 21 22 23	3 4 5 6 7	31 1 2 3 4
26 27 28 29 30	10 11 12 13 14	7 8 9 10 11
	17 18 19 20 21	14 15 16 17 18
	24 25 26 27 28	

No refunds for rain days unless they exceed 4 days in a session.

\$25 fee for change of days.

Member/Non-Member Cost:

of weeks _____ x _____ cost = _____ Program (Player 1)

of weeks _____ x _____ cost = _____ Program (Player 2)

_____ TOTAL

_____ Date of Payment



WESTLAKE
ATHLETIC CLUB

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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.

Authorized Signature _____ Date _____

Print Name _____

Participant's Name _____