2018 Mason City Summer Tennis Clinic / Camp

***Instructors:* Patrick Kruger Su Oertel**

**MCHS Head Tennis Coach PTR Professional Level**

**Cell # 763 458 0753 U.S.T.A. High Performance Coach**

**krugers05@live.com MCHS Volunteer Coach**

**Home # 641 423 2884 Cell # 641 420 2168**

***Objectives & Goals:***

1. **Improve Technique for Consistency & Accuracy**
2. **Improve Match Play Strategy (Singles & Doubles) on Thursdays!**
3. **Improve Knowledge & Appreciation of Tennis**
4. **Improve Agility & Strength for Tennis**
5. **Prepare Players for High School Play & Summer Tournaments**
6. **Have Fun! Tennis is more enjoyable when the skills are mastered!**

***Dates:* Every Monday, Tuesday, Wednesday, & Thursday (MATCH DAY)**

**Session I Starting Monday, June 11th and Ending Thursday, June 28th (3 weeks)**

**Session II Starting Monday, July 9th and Ending Thursday, July 26th (3 weeks)**

* **Rain Make Up Days TBD.**

***Times:* 1:00 pm to 2:45 pm (middle school grades 5-8 / high school grades 9-12/ intermediate & advanced)**

***Locations:* Every Monday, Tuesday, Wednesday, and Thursdays at MCHS (8 courts). Thursday’s are match days!**

***Fees:* $10 per day or $25 per week if fee paid in advance on Mondays. $65 for 3 Week Session if paid in advance.**

***Equipment:* Rackets, hats, water bottle, towel, sunscreen, etc... need to be supplied by the participant. I do loan rackets.**

***Medical Issues:* Students with health concerns, such as asthma, please let the coaches know.**

**Students will be responsible for any medication, physician, and hospital fees.**

***Registration:* *PLEASE contact Patrick Kruger to pre-register in advance. Walk-ins are welcomed.***

**Cut Out, Mail, and Register in Advance. Walk-ins are also welcomed.**

First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date \_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent / Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Player Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent / Guardian Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Player Cell Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Contact Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount Paid $ \_\_\_\_\_\_ Date Paid \_\_\_\_\_\_ Session(s) \_\_\_\_\_ Week(s) \_\_\_\_\_ Make Checks Payable to

MCHS Boys Tennis

Mason City High School

Attn: Patrick Kruger

1700 Fourth Street SE

Mason City, Iowa 50401