



2025 SUMMER TENNIS CAMP

Presented by the Girls Tennis Program

Girls and boys are both welcome! We welcome beginner through experienced players, ages 6 and up. The NHS Girls Tennis coaches and varsity players will be running drills and games and can offer plenty of hitting experience!
Please wear comfortable athletic clothing, bring a racquet, plenty of water and a snack.

WHERE:

Northville High School

45700 6 Mile Rd, Northville

Tennis Courts are behind the school

DATES

June 16-19

9:00am - 11:30am

June 23-26

\$150 per week or \$40 per day

Monday - Thursday

(No Refunds. One Friday make-up per week allowed due to inclement weather cancellation)

You may register and pay online at <https://northvilleschools.revtrak.net/rwyouthcamps/>, or mail the registration form and check (payable to **Northville Public Schools (please note Girls Tennis Camp in the memo)**) to:

Northville High School, 45700 6 Mile Rd, Northville, MI 48168

Questions? Please contact: Northvillegirlstennis@gmail.com



Participant Name: _____ Age: _____ Grade (Fall 2025): _____

Parent Name & Cell: _____

Parent email: _____

Name and number of person to contact in case of emergency: _____

Check the week(s) you will be attending. If specific days, please indicate which day(s) within the week.

☐ **Week of June 16th** _____

☐ **Week of June 23th** _____

Total Paid \$ _____

LIABILITY WAIVER & MEDICAL COVERAGE ACKNOWLEDGE

PLEASE READ AND SIGN BELOW: I certify that it is with my full knowledge and consent that my child named above may take part in the Northville High School Summer Tennis Camp 2025. **I RELEASE AND HOLD HARMLESS** on behalf of my child, myself, and our representatives, the Northville Public Schools, the Northville Tennis Programs, their coaches, their volunteers and their players from liability for injuries or damages which my child may sustain while participating in this activity even if the injuries or damages are caused by the sole negligence of the Northville Public schools, the Northville Tennis Programs, their coaches, their volunteers and their players.

I UNDERSTAND I AM RESPONSIBLE for medical coverage for my child.

Parent Signature: _____ Date: _____