

# Summer Tennis Camp 2022

**This year camp will be running  
for grades 6-12.**

Through the cooperation of the Hasbrouck Heights Board of Education, Donna Ahman and Anthony Castora will be giving tennis lessons this summer at the high school tennis courts.

Sessions will consist of one and a half hours of instruction a day, twice a week. That will be a total of three hours per week. **The cost for each week will be \$50, and there will also be a one-time non-refundable registration fee of \$40.00 per child.** Families who sign up more than one child will receive a discount for the lessons and will be charged half price for each additional child.

Ms. Donna Ahman and Mr. Anthony Castora have been involved with coaching and the summer tennis program for many years. **Summer tennis will begin on Monday, June 27, 2022 and run through July 21, 2022** culminating with skills competitions and tournament play.

- Students pay only for the sessions they attend.
- Payment is due at the completion of each week attended.
- You may pay in cash or checks are made payable to the HHBOE.
- Registration forms and deposit for each child should be returned to Joan Catapane at the Board of Education office.
- Any student who misses a lesson is encouraged to make it up at any other session.
- **Any questions call Donna@201-647-0441**



Come make the summer enjoyable by learning a lifetime sport!

**Please note:** all Covid, health and safety measures/protocols will be followed. At any point camp can be shut down due to situations beyond our control.

You must let me know if you have Covid- 19 or have been exposed to anyone who has it.

You must bring your own equipment (racket, water bottle, and sneakers). There will be no shared equipment.

**Times: Please circle which session you will attend.**

**Monday/Wednesday**

- ✓ **Beginner:** 8:00am-9:30am
- ✓ **Advanced** 9:30 am-11:00am

**Tuesday/Thursday**

- ✓ **Advanced:** 8:00am-9:30am
- ✓ **Beginner:** 9:30 am-11:00am

## Health Information:

**Child's Name/Age:** \_\_\_\_\_

**I give permission for my child to participate in this program:** \_\_\_\_\_

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

**Home number:** \_\_\_\_\_

**Cell number:** \_\_\_\_\_

**Emergency Contact**

**Number:** \_\_\_\_\_

**Primary Care Physician's Name and address:** \_\_\_\_\_

**Allergies or other health problems we should know:** \_\_\_\_\_