



WESTLAKE
— ATHLETIC CLUB —

SUMMER CAMP 2025

MONDAY, JUNE 16 THROUGH FRIDAY, AUGUST 15

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

Developmental Camp

9:30 AM – 11:30 AM for Ages 5-18
(Red Ball/Orange Ball/Green Dot)

The **Red Ball** format is played on a 36x18 feet 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 skills of consistency, placement, and basic spin as they learn to control the ball, rally and serve.

Information to Know

Gatorade and snacks provided.

Essentials to Bring- tennis shoes, sunscreen, hat, and water bottle. Tennis racquets are available to borrow and/or purchase.

Non-members cannot be dropped off any earlier than 15 minutes prior to the start of the session. Any player picked up 10 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.

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.



Parents/guardians must sign the Guest Waiver by using the QR code prior to attending the camp. The waiver and other club details can also be found at playwac.com.

Questions? Call the Front Desk at 818.889.6164 or Contact academy@playwac.com



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Player 1 Name: _____

Player 2 Name: _____

Parent/Guardian Name: _____

Address: _____

City/State/ZIP: _____

Parent/Guardian Cell Phone: _____

Parent/Guardian Email: _____

Please 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 16 | Week of July 7 | Week of July 28 |
| Week of June 23 | Week of July 14 | Week of August 4 |
| *Week of June 30 | Week of July 21 | Week of August 11 |

**Week of June 30 will be prorated. No camp on 4th of July.*

Member / Non-Member Cost

| | |
|-------|-----------------|
| _____ | Player 1 |
| _____ | Player 2 |
| _____ | TOTAL |
| _____ | Date of Payment |

Acknowledgement 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: _____ Card #: _____ Exp. Date: _____

Name on Card: _____ Security Code: _____

Address of Cardholder: _____

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 an 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: _____