

# WTT 2025 Summer Camp

Come learn, play and compete.



## 2025 Camp Dates

Week 1: June 23-27  
 Week 2: June 30-3  
 Week 3: July 7-11  
 Week 4: July 14-18  
 Week 5: July 21-25  
 Week 6: July 28-1  
 Week 7: Aug 4-8  
 Week 8: Aug 11-15  
 Week 9: Aug 18-22  
 Week 10: Aug 25-29

## REGISTRATION

- A FULL payment is due to signup.
- Spaces are limited

## Weekly Rates

Orange / Green Ball  
 (9am-12pm) \$250

Red Ball  
 (9am-9:45am) \$100

## Drop in rates

(9am-12pm) \$70  
 (9am-9:45am) \$35



## WTT's Summer Camp (9am - 12pm)

Experience summer camp in a way that promotes individual growth with meaning behind every stroke!

WTT's summer camp is a one of a kind cost effective camp designed by a team of certified teaching professionals. Students will experience fun in a high energy environment that encourages repetition that revolves around stroke mechanics, live ball games, team games and matchplay scenarios.



### REDBALL

Red Ball Camp runs Monday - Thursday from 9am-9:45am. The cost for our Red Ball Camp is \$100.



### ORANGE BALL

Orange Ball Camp (9-12) will focus on stroke mechanics in a fun and engaging atmosphere. Rallying and point playing will be a major emphasis of this level.



### GREEN BALL

Green Ball Camp (9-12) will experience high intensity training, matchplay and strategy to help prepare them for the next level of tennis.

**THIS IS A RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT  
FOR WINNING TOUCH TENNIS OF PRINCETON**

IN CONSIDERATION of being permitted to participate in any way in the EVENT(S), EACH OF THE UNDERSIGNED, for him/herself, his/her personal representatives, heirs, and next of kin:

1. HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE **Winning Touch Tennis**, and all of their directors, officers, agents, volunteers and employees, (hereinafter referred to as "Releasees") FROM ALL LIABILITY TO THE UNDERSIGNED, his/her personal representatives, assigns, heirs and next of kin FOR ANY AND ALL LOSS OR DAMAGE, AND ANY CLAIM OR DEMANDS THEREFORE ON ACCOUNT OF INJURY AND/OR EXPOSURE TO INFECTIOUS SYNDROMES OR DISEASES TO THE PERSON OR PROPERTY OR RESULTING IN ILLNESS AND/OR DEATH OF THE UNDERSIGNED ARISING OUT OF OR RELATED TO THE EVENT(S), WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
2. HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Releasees and each of them FROM ANY LOSS, LIABILITY, DAMAGE, OR COST they may incur arising out of or related to the EVENT(S) WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES or otherwise.
3. HEREBY acknowledges that THE ACTIVITIES OF THE EVENT(S) MAY BE DANGEROUS and involve the risk of exposure to infectious syndromes and diseases, serious illness, injury and/or death and/or property damage and he/she ASSUMES FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, EXPOSURE, DEATH OR PROPERTY DAMAGE arising out of or related to the EVENT(S) whether caused by the NEGLIGENCE OF RELEASEES or otherwise. By playing at WTT I voluntarily assume all risks related to exposure to COVID-19.
4. HEREBY acknowledges a doctor's note for an absence is accepted ONLY for injuries or illnesses forcing a student out for a minimum of THREE CONSECUTIVE WEEKS. Unfortunately we cannot accept Doctor's notes for sicknesses or any minor illnesses.
5. HEREBY acknowledges makeups are NOT GUARANTEED, however, you can request a makeup at wttjuniormakeup@gmail.com and we will do our best to accommodate your request. We do ask that you try your best to make as many classes as possible to truly take advantage of our program. I have read and understood there will be no pro-rating of future missed classes, transferring of credit or refunds for any missed classes. If credit is issued because of an illness or injury of more than 3 consecutive weeks (doctor's note required) that credit must be used within 6 months of being issued. After 6 months all credit will be voided. Credit can only be used towards the previous attended programs. Once a payment is made all sales are final.

**I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.**

**PARENT OR LEGAL GUARDIAN ACKNOWLEDGEMENT (IF UNDER THE AGE OF 18)**

I represent and warrant that I am the parent or legal guardian of \_\_\_\_\_, the individual who signed the foregoing Release ("Minor") and that I have received, read, and understood the foregoing Release. I fully consent to and voluntarily authorize the Minor to execute said Release (or, if applicable, have voluntarily executed said Release on Minor's behalf). I acknowledge and agree that all representations, consents, agreements, grants, waivers, authorizations, indemnifications and releases herein shall be regarded as made by me on behalf of the Minor and shall be binding on me and the Minor.

Furthermore, in consideration of Releasees possibly including me and/or Minor in the Event, I hereby agree to be bound by and to perform all of the terms and conditions of the foregoing Release (including, without limitation, the provisions regarding release of all claims), as such terms and conditions may relate to my participation and/or the participation of the Minor in the Event, if any.

NAME: \_\_\_\_\_ MINORS NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Name of Student(s): \_\_\_\_\_ Age: \_\_\_\_\_

Name of Student(s): \_\_\_\_\_ Age: \_\_\_\_\_

Name of Parents: \_\_\_\_\_

Street: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

E-mail (Mandatory/**please print**): \_\_\_\_\_

Allergies: \_\_\_\_\_

Program(camp/class/HP) \_\_\_\_\_

Program(camp/class/HP) \_\_\_\_\_

Day/week: \_\_\_\_\_ Cost: \_\_\_\_\_

Day/week: \_\_\_\_\_ Cost: \_\_\_\_\_

### **Payment Section**

Name on Credit Card: \_\_\_\_\_ Card Type: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp: \_\_\_\_\_ Security Code: \_\_\_\_\_

Please make checks payable to:  
Winning Touch Tennis, 100 College Road East, Princeton, NJ 08540

### **Signature of Waiver completes signup**

**I approve Winning Touch Tennis to charge my supplied credit card the full amount of the program listed above. I have read and understood there will be no pro-rating of future missed classes, transferring of credit or refunds for any missed classes on the previous waiver page. If credit is issued because of an illness or injury of more than 3 consecutive weeks (doctor's note required) that credit must be used within 6 months of being issued. After 6 months all credit will be voided. Credit can only be used towards another junior program, not eligible towards private lessons. Any Covid related closure will be given extensions or credit, no refund will be issued. Missed classes DO NOT carry forward to the next session. Makeups ARE NOT guaranteed! Once a payment is made all sales are final.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_