



# HEBRON HIGH SCHOOL

## 2026 Summer Tennis Camp

**MAY**  
26 - 29

**8:00 - 10:15am:** Kindergarten - 8th\*

**12:30 - 2:45pm:** Incoming 9th Grade\*  
+ by invitation

\*as of Aug '26

### CAMP OBJECTIVE

Our goal is to ensure that each camper has a great time while developing the fundamentals of tennis. We will work to improve individual skills along with game strategy. Special attention will be given to help each camper to gain self-confidence, a positive mental attitude, and motivation. This is a great opportunity to meet the coach as well as current and former HHS players.

### CAMP LEADERSHIP

Hebron High School's Summer Tennis Camp is led by Varsity Head Tennis Coach CJ Cowgill. Coach Cowgill is a certified tennis professional with 25 plus years of coaching experience under his belt. He is now in his 19th season at Hebron High School.

### CAMP FEATURES

Individual work and attention  
Contests  
Awards  
Campers will receive a camp T-shirt



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## 2026 Summer Tennis Camp Registration

**TO REGISTER:** Please complete this form and make payment of \$100. Submit form and payment either electronically or via mail.

**Digital Registration:**

**Email** form to: [cowgillc@lisd.net](mailto:cowgillc@lisd.net)  
**Zelle:** CJ Cowgill (682) 433-9271

**Register via Mail:**

Form & check payable to: CJ Cowgill  
12771 Alfa Romeo Way  
Frisco, TX 75033

T-Shirt Size:

Youth: XS S M L Adult: S M L XL

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_  
(as of Aug '26)

Please list any tennis experience or special requests: \_\_\_\_\_

I hereby acknowledge that my child is voluntarily participating in athletic activity at a Lewisville ISD facility, that is not a District sanctioned or sponsored activity. I am aware that participating in this athletic activity involves physical activity that may lead to injury, including but not limited to, sprains, fractures, strains, or other injuries to their self or others. I voluntarily assume all risks associated with my child's participation. In consideration for participating in the above athletic activity, I do hereby release, waive, discharge, and agree to hold harmless the Lewisville Independent School District, its employees, agents, volunteers, and affiliates from any and all claims, demands, actions, or causes of action arising out of or relating to any injury, damage, or loss, including death, that my child may suffer as a result of my child's participation in the above athletic activity regardless of whether such injury, damage, or loss results from the negligence of Lewisville ISD or any other party.

**THERE WILL BE NO REFUNDS GIVEN DUE TO INCLEMENT WEATHER.**

Camper's Name: \_\_\_\_\_

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

Parent Cell # (s): \_\_\_\_\_

Guardian Name/Signature: \_\_\_\_\_