

Toronto Cricket Skating & Curling Club High Performance Summer Squash Camp August 23 - 26, 2010



Coaches:

- Martin Heath (highest ranking PSA #4, Head Squash Coach University of Rochester)
- Pat Ryding (Head Squash Professional Toronto Cricket Skating & Curling Club, NCCP Level 2 Certified)
- Dan Sibley (Squash Professional Toronto Lawn Tennis Club)

Camp includes:

- Technical Swing and Footwork Analysis
- Strategy & Shot Selection
- Physical Assessment
- Strength Training
- Flexibility
- Psychology of Performance
- Camp T-shirt
- Lunch (Monday, Tuesday, Wednesday), Snacks (each day)



Member \$595 (incl taxes)
Non-Member \$650 (incl taxes)

Minimum Age: 13 (exceptions based on tournament results)
Attendance is by invitational only. Contact Pat Ryding at
pryding@torontocricketclub.com or (416) 487-4581 ext. 2225.



Schedule:

Monday 10 - 4 PM

Tuesday 10 - 4 PM

Wednesday 10 - 4 PM

Thursday 10 - 1:30 PM

**North American Junior Squash
Championship, August 27-29**

Toronto Cricket, Skating & Curling Club High Performance Squash Camp Registration Form

August 23 – 26, 2010



Name: _____

Member Club Account #: _____

Address: _____

City: _____ Province: _____ Postal Code _____

If Guest, Club Name: _____

Date of Birth (dd/mm/yyyy): _____ Age _____ Gender _____

Health Card # _____

Medical Information if any: _____

Emergency Contact: In the event of an emergency we should contact:

Name: _____ Relation: _____

Daytime Contact # _____ Alternative #: _____

Designated Pick-Up Person

Will your child be picked up by someone other than the parent's name above? Yes No

If Yes, Name: _____ Relation: _____

Terms & Agreement

PAYMENT: Members will have fees applied to their Club account. Guests must include a cheque with registration payable to Toronto Cricket Skating & Curling Club. Send to 141 Wilson Ave, Toronto, ON, M5M 3A3, Attention: Pat Ryding.

I acknowledge that all fees are non-refundable after the start of the session. Cancellations received within two weeks prior to the start date will be granted an 85% refund of fees only. I grant permission for my above named child to participate in all activities in the program registered for and I will notify the instructor if, for any reason, this permission should be changed or withdrawn.

Print Name _____ Signature of Parent/Guardian _____

Date: _____