

## Next Level Tennis And Education, Inc.

### THE NLTE 2021 SUMMER BOARDING EXPERIENCE

**Who:** Next Level Tennis And Education, Inc. is a federally recognized 501C3 non-profit corporation. Peter A. Townes, NLTE Executive Director, is a USPTR Certified Professional: CORIED in Arlington, Virginia in 2019; DC government 2020-2022; and USTA Safe-Play approved from 2019-2022. With over 30 years coaching experience, Peter has to his credit, numerous student-athletes who've gone to college on tennis scholarships, have experienced the pro-tour, or even become college coaches. Resume and references are available upon request.

**What:** Last year NLTE created its highly successful *NLTE Bubble Boarding Program*. This year *NLTE's Summer Boarding Camp* is being made available to selected student-athletes who've demonstrated athletic ability in tennis, and have a desire to compete nationally. We will be focusing on sharpening each individual's skill-set, as well as enhancing individual strength and endurance. Invitations are extended to Level 3 tennis players who are striving for Level 2.

**When:** "By Invitation Only" (**SUMMER SESSION - 4 WEEKS**) 8/1/21-8/28/21

- Week One (8/1/21-8/7/21)
- Week Two (8/8/21-8/14/21)
- Week Three (8/15/21-8/21/21)
- Week Four (8/22/21-8/28/21)

\*\*\* Parents are expected to drop off and pick up student-athletes. Car-pooling is encouraged.

**Where:** 805 Portland Street, Chesapeake, VA (15 minutes from Virginia Beach)

**How:** Room & Board Provided by Executive Director, Peter Townes

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- FEE: \$1000 per week, per student-athlete; Invitational Scholarships of \$250 awarded to each student-athlete who has obtained a coach's recommendation

**Why:** Serious student-athletes must experience time away from home in which they can hone their skill without bias or interruption. NLTE assists in the student-athlete maturing process of becoming a responsible adolescent on and off the court. We provide a written and video assessment and analysis within two weeks after completion of *NLTE's Summer Boarding Program*.

### **NLTE SUMMER BOARDING DAILY ITINERARY**

<b>TIME</b>	<b>DAILY SCHEDULE</b>
6AM	Wake Up Call, Prepare For The Day- Athletes are encouraged to set their own alarm clock and take control of their own preparedness, regularly.
6:30AM-7AM	Morning Run
7AM-7:45AM	Cool Down, Breakfast
8AM-12PM	Fitness, Tennis Training
12PM-2PM *LUNCH @ 12:30PM	Downtime, Lunch
2PM-5PM	MATCH PLAY

### **\*\*\*SOCIAL & PERSONAL TRANSITION**

5PM-7PM	Stretch, Cool Down, Dinner
7PM-8PM	Check in with parents, board/card games, personal space opportunity
8PM-9PM	LIGHTS OUT

\*LIGHTS OUT no later than 9PM, unless there is a scheduled group activity or by permission

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**CHECKLIST OF WHAT TO BRING:**

<b>Essential</b>		<b>Encouraged</b>		<b>Please Do Not Bring</b>	
*Toiletries including: tooth brush, tooth paste, deodorant, floss, personal lotion, sunscreen		Additional Cross training shoes if the athlete has them, if not at least one other pair of shoes/sandals/flipflops		No Sleeping bags (all sheets and blankets will be provided)	
*Tennis shoes, Tennis racket, and extra string if desired (this is provided by NLTE)		Hair accessories (keep hair off of face)		Electronics (No laptops or ipads- Cell phones can only be used during calls home to parents every evening)	
*Summer Reading Book (journals and notebooks will be provided)		Xtra shirts if possible (7 specifically for sports)		No coolers/snacks/large thermos	
*Hat/Vizor		Xtra pairs of socks if possible (extra pair each day for sweating)		No money- everything will be provided	
Clothing (7 complete outfits including: athletic shirts, athletic shorts/skirts, athletic socks, sports bras, athletic underwear, etc)		xtra pairs of underwear if possible (extra pair for after practice)		No soda or juice-- We are a soda free program and juice is only given once per day. Water is the beverage of choice.	
1 tennis bag 1 Suitcase *no more than 3 bags total		If you send any medication please tell us ahead of time (allergies, mild headaches, etc.)			

**\*\*\*LAUNDRY IS DONE EVERY OTHER DAY SO PLEASE **DO NOT OVERPACK****

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**Student-Athlete Information**

• **Athlete's Identifying Information (please print)**

○ First Name \_\_\_\_\_

○ Last Name \_\_\_\_\_

○ Birth Date \_\_\_\_\_

○ Grade \_\_\_\_\_

○ Gender \_\_\_\_\_

○ Address

■ Street Address \_\_\_\_\_

■ Street Address Line 2 \_\_\_\_\_

■ City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip \_\_\_\_\_

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**Parent/Guardian Information (please print)**

○ First Name(s) \_\_\_\_\_

○ Last Name(s) \_\_\_\_\_

● **Contact information**

○ Phone Number(s) \_\_\_\_\_

○ Cell Number(s) \_\_\_\_\_

○ E-mail(s) \_\_\_\_\_

● **Emergency Information**

○ **Emergency Contact's Name**

■ First Name \_\_\_\_\_

■ Last Name \_\_\_\_\_

■ Relationship \_\_\_\_\_

● Phone Number \_\_\_\_\_

● Alt. Phone Number \_\_\_\_\_

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**HEALTH INFORMATION & GENERAL MEDICAL HISTORY**

- **Does the athlete have any allergies (food, medication, environmental), chronic illness, or medical conditions such as: asthma, seizures, headaches? If yes, please describe.**
  
- **Is the athlete up to date on all immunizations?**
  
- **Has the athlete had: chicken pox and/or measles?**
  
- **Please list any significant medical history such as: surgeries, injuries, serious illnesses:**
  
- **Is the athlete prescribed an inhaler? If yes, please explain any instructions.**
  
- **Please list any medications taken regularly:**

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- **Does the student-athlete have any incidences of bed-wetting? (This is handled discreetly but must be noted to ensure student-athlete's privacy is protected)**

**\*\*\*MEDICAL INSURANCE DETAILS (in lieu of answering the following, you may attach a copy of the athlete's insurance card if you prefer)**

**Name of Insurance Company**

**Address of Insurance Company**

**Policy Number**

**Expiry Date**

- **Informed Consent and Acknowledgement**

I hereby give my approval for my child's participation in any and all activities prepared by Next Level Tennis And Education, Inc. during the selected camp. I assume all risk and hazards incidental to the conduct of the activities, and release, absolve and hold harmless NLTE. and all its respective officers, agents, and representatives from any and all liability for injuries to said child arising out of traveling to, participating in, or returning from selected camp sessions.

In case of injury to said child, I hereby waive all claims against NLTE including all coaches and affiliates, all participants, and, if applicable, owners and lessors of premises used to conduct the event. There is a risk of being injured that is inherent in all sports activities, including tennis.

- **Medical Release and Authorization**

As Parent and/or Guardian of the named athlete, I hereby authorize the diagnosis and treatment by a qualified and licensed medical professional, of the minor child, in the event of a medical emergency, which in the opinion of the attending medical professional, requires immediate attention to prevent further endangerment of the minor's life, physical disfigurement, physical impairment, or other undue pain, suffering or discomfort, if delayed. Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunizations for the named athlete. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that every attempt will be made by the attending physician to

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contact me in the most expeditious way possible. This authorization is granted only after a reasonable effort has been made to reach me. Permission is also granted to the Next Level Tennis And Education, Incorporation. and its affiliates including Directors, Coaches, and Team Parents to provide the needed emergency treatment prior to the child's admission to the medical facility. Release authorized on the dates and/or duration of the registered season. This release is authorized and executed of my own free will, with the sole purpose of authorizing medical treatment under emergency circumstances, for the protection of life and limb of the named minor child, in my absence.

Parental Consent \_\_\_\_\_

Date of Signing \_\_\_\_\_

**\*\*\*We are especially sensitive to COVID concerns. To address this issue, each student-athlete's temperature will be taken twice per day. If a temperature is present, parents will be notified immediately, even if there are no other symptoms or discomfort. Additionally, if a student-athlete has any excessive coughing (unlike allergies and/or clearing of the throat) parents will be notified immediately.**