

# 2025

Fall, Winter & Spring



# PAPA CARLOS

**BEGINNER**  
Ages 5-9  
**INTERMEDIATE**  
Ages 9-13  
**ADVANCED**  
Ages 13-17

Enrollment Fee: \$35

## BEGINNER

1 day a week	\$195/month
2 days a week	\$295/month
3 days a week	\$340/month
4 days a week	\$365/month

## INTERMEDIATE

1 day a week	\$220/month
2 days a week	\$335/month
3 days a week	\$360/month
4 days a week	\$385/month

## ADVANCED

1 day a week	\$230/month
2 days a week	\$385/month
3 days a week	\$435/month
4 days a week	\$465/month
5 days a week	\$535/month

## Pearland Jr HS

**Begin - Inter**

Mon Tue Wed Thu  
6:00-7:30pm  
Saturday Sunday  
8:00 - 9:30am

**Advanced - Elite**

Mon Tue Wed Thu  
6:00-8:00pm



[www.PapaCarlosTennisAcademy.com](http://www.PapaCarlosTennisAcademy.com)

[PapaCarlosTennis@Gmail.com](mailto:PapaCarlosTennis@Gmail.com)

Call Us Today!  
713-732-2577

Form:

Players Name: \_\_\_\_\_

Age: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

**Medical Release:**

Camp participants rightfully assume that those who are responsible for the conduct of the tennis camp have taken precautions to minimize the risk of injury. Nonetheless, participation in sports involves inherent risk of injury. By the process of enrollment, campers accept and assume such risk of injury.

**Parent / Guardian:**

I hereby give my consent for aforementioned camp participant to participate in the tennis camp and related activities. If at any time it is necessary for the aforementioned camp participant to receive attention, I hereby give my consent to the camp personnel to secure the services of the physical or medical facility selected and to ensure transportation as is deemed necessary. I will not hold the camp or its personnel responsible for any benefits and will secure adequate family insurance coverage if protection is desired.

Camp Participant's Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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

**MAKE CHECK PAYABLE TO:**

**Carlos Hernandez**

**PO Box 3282. Pearland, TX 77581**

**PARENTS ARE RESPONSIBLE FOR SCHEDULING  
MAKE UP DAYS. NO REFUNDS AFTER SIGN UP.**

