



# LEAGUE TENNIS

www.jamestownparksandrec.com

## League Dates

Registration Deadline: Thursday, June 3rd  
Informational Meeting: Thursday, June 3rd @ 6:30 p.m.  
Schedule: June 7 to August 4  
Tennis Slam: July TBD  
Jamestown Tennis Classic: August 7 and 8th  
Play Schedules will be E-mailed June 5th

Location: Bolinger and Feton Tennis Courts  
Court Monitors: Mondays and Wednesdays 7 to 9 p.m.

Score Reporting: Report scores on Monday or Wednesday to Court Monitor or e-mail [slistopa@jc.edu](mailto:slistopa@jc.edu).

Cost (payable to Jamestown Parks and Recreation)  
Singles or Doubles: \$15.00                      Singles and Doubles: \$25.00  
Cost of league includes a T-shirt!

Players should wear appropriate gym clothing including the Jamestown Tennis T-shirt provided to them. Bring a water bottle, sunscreen, and any other outdoor necessities. If any type of equipment is needed please let the person registering you at the Parks and Recreation office know, as equipment is limited and we want to make sure we have enough for everyone. Return the registration form along with the fee to the Jamestown Parks and Recreation office at 1002 2nd Ave SE, or mail to Box 2014. See league rules online at [www.jamestownparksandrec.com](http://www.jamestownparksandrec.com).

-----Detach Here, Return Info Below to the P&R-----  
OPEN ADULT LEAGUE

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Emergency Contact Info: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Special Health Needs: \_\_\_\_\_ Doubles Partner (if applicable): \_\_\_\_\_

League (Circle):    Mens Singles    Womens Singles    Mixed Doubles    Mens Doubles    Womens Doubles

What is your NTRP skill level? (Circle): 1    2    3    4    5    6    7

Fee Paid (circle): yes    or    no    JTA Member? \_\_\_\_\_    Other Discount? \_\_\_\_\_    T-Shirt Size: \_\_\_\_\_

I hereby certify that I am in normal health and capable of safe participation in this class. I assume all risk(s) and hazards incidental to the conduct of this program and for the transportation to and from the program. I hereby authorize the Jamestown Parks and Recreation to obtain medical treatment for me in the event the emergency contact cannot be reached. I hereby release photographs taken of me to be used in the promotion of Jamestown Parks and Recreation activities.

Signature of Participant or Parent/Guardian \_\_\_\_\_