

2009



www.jamestownparksandrec.com

TENNIS

youth lessons

Sessions (Monday-Thursday)

Session #1 June 1st - June 25th

Session #2 July 6th - July 30th

Location: Bolinger Tennis Courts

(Lessons will be moved indoors to Wilson Arena due to rain or inclement weather.)

Cost (payable to Jamestown Parks and Recreation)

One 4 week session: \$40.00

Two 4 week sessions: \$70.00

Cost of lessons includes a T-shirt for every participant!

How to Register: Each level is based on age and experience. First choose the level that applies to your age. The level you choose determines the time of your practice. Next, indicate how many years you have been taking lessons at this level. This will tell us what experience group you belong in. Family Discount: 3 or more family members in lessons and/or league take 20% off of total.

L1 (5 to 7 years old) - L2 (8-10 years old) - L3 (11-12 years old) - L4 (13-18 beginners) - L5 (13-18 advanced)

9:00-9:50 a.m. - L1 and L2

10:00-10:50 a.m. - L1, L2 and L3

11:00-11:50 a.m. - L3, L4 and L5

1:00-1:50 p.m. - L1, L2 and L3

2:00-3:00 p.m. - L4 and L5

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.

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

YOUTH TENNIS LESSONS Session: _____ Time: _____ Level: _____ Years at Level: _____

Name: _____ Age: _____ Emergency Contact Info: _____

Address: _____ Phone: _____ E-mail: _____

School: _____ Grade: _____ Special Health Needs: _____

T-Shirt Size: _____ Fee Paid (circle): yes or no Equipment Needs: _____

I hereby certify that my child is 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 my child in the event the parent(s) and the emergency contact cannot be reached. I hereby release photographs taken of my child to be used in the promotion of Jamestown Parks and Recreation activities.

Signature of Parent/Guardian _____