



SUMMER



JUNIOR TENNIS CLINICS

Frayser Tennis Center

2907 N. Watkins St.

Memphis, TN 38127

237-5677 or 374-0603

ksmith@tennismemphis.org or slang@tennismemphis.org

June 15th - July 31st, 2009

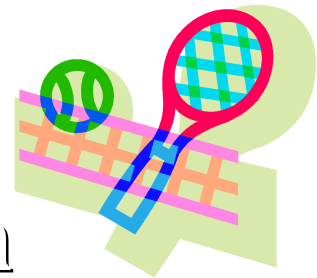
Play Tennis This Summer

FEATURING THE USTA'S NEW: QUICK START TENNIS

6 - Weeks Instruction &



Team Competition



**Instruction Monday - Friday 9am-12pm /
Team Matches Saturday Mornings**



City of Memphis,
Division of Park Services

Frayser Tennis Center

2907 N. Watkins St.

Memphis, TN 38127

Contact Phone: 237-5677 or 374-0603

Contact E-mail: ksmith@tennismemphis.org or slang@tennismemphis.org

Groups are welcomed, please contact us form a group registration form

2009 Summer Jr. Tennis Clinics Individual Registration Form

(COMPLETE SEPARATE REGISTRATION FORM FOR EACH FAMILY MEMBER)

First Name _____ Last Name _____ Age ____ Birth Date ____-____-____ Male / Female

Street Address _____ Apt. # _____ City _____ State _____ Zip _____

Parent's E-mail _____ Parent's Name _____

Cell Phone _____ Business Phone _____ Home Phone _____

PLEASE CHECK ONE - Cost per child & payment options:

Regular Rate: ___ \$60 per week ___ \$240 summer pass

** Reduced Rate: ___ \$25 per week ___ \$90 summer pass

*** TO RECEIVE REDUCED RATE MUST SHOW PROOF OF CHILD RECEIVES FREE LUNCH IN MEMPHIS CITY SCHOOLS*

ONLY CHECK THE WEEKS THAT YOU ARE APPLYING PAYMENT

___ Week 1 - June 15 -19 ___ Week 2 - June 22 -26 ___ Week 3 - July 6-10

___ Week 4 - July 13-17 ___ Week 5 - July 20 -24 ___ Week 6 - July 27 -31

Payment Amount: \$ _____

Waiver: I, the undersigned parent or guardian, hereby consent for my child to participate in the Summer Jr Tennis Clinics. In consideration of participation in the program, I hereby indemnify and hold harmless the City of Memphis, Tennis Memphis and any sponsors of the program and their respective employees, staff, officers, agents, successors and assigns and I release the same from any and all liability for any injury or illness which may be suffered by my child arising out of or in any way connected with the summer program. I assume the risk for such injury or illness. I, the undersigned, have read this Release and understand all of its terms and hereby execute it voluntarily with all knowledge and understanding of its significance. PARENT'S AUTHORIZATION: In the event I (we) cannot be reached in an emergency, the undersigned gives permission to the physician selected by TMI to hospitalize, administer treatment or secure proper treatment for my child.

List any medical condition or special needs: _____

Print Name _____ Signature _____ Date _____

Office Use Only: Date _____ Amount Paid \$ _____ Cash ___ Ck # _____ Credit Card ___ Staff _____