

CITY OF ERLANGER SUMMER TENNIS CLINIC

Where: Silverlake Park, Erlanger, KY

When: Junior and Adult Session I June 2, 2008 – July 5, 2008

Session II July 7, 2008 – August 9, 2008

Cost: Sessions I and II:

Little Tennis \$50.00

Junior Weekday \$85.00

Junior Saturday I- \$65.00/ II- \$85.00

Adult Weekday \$85.00

Want to improve your tennis skills this summer? Join the City of Erlanger Summer Tennis Clinic! Classes are held at Silverlake Park and are conducted by Tim Mitchell, USTA Instructor and John Kloeuich. For more information contact Tim Mitchell at home (513) 541-7811 or cell (513) 328-8811.

JUNIORS

Little Tennis (Ages u-6)

Monday and Wednesday 9:00-9:30 a.m.

Tuesday and Thursday 9:00-9:30 a.m.

JUNIOR BEGINNER (Ages 7-14)

Monday and Wednesday 9:30-10:30 a.m.

Tuesday and Thursday 9:30 -10:30 a.m.

Saturday 9:30-10:30 a.m.

ADVANCED BEGINNER

Monday and Wednesday 10:30-11:30 a.m.

Tuesday and Thursday 10:30-11:30 a.m.

Saturday 10:30 a.m. -12:00 p.m.

ADULTS (Ages 15 and older)

Monday and Wednesday 6:30-7:30

Tuesday and Thursday 7:30-8:30

ADULT ADVANCE BEGINNERS

Monday and Wednesday 7:30-8:30 p.m.

Tuesday and Thursday 6:30-7:30 p.m.

In-person registration will be held at Silverlake Park Tennis Courts on Sunday, June 1, 2008 from 12:00-5:00 p.m. for Session I and on Sunday July 6, 2008 from 12:00 -5:00 p.m. for Session II

******A minimum of four(4) students per class is required**

Summer Tennis Clinic Registration Form

Register for Session I by Sunday, June 1, 2008 and Session II by Sunday, July 6, 2008. **A \$10.00 fee will be added for any payments accepted after these dates. NO EXCEPTIONS!** Send this form along with payment to: Tim Mitchell, 2352 Buddleia Court, Cincinnati, OH 45239. Make checks payable to Tim Mitchell. **NO REFUNDS PROVIDED!** In person registration for Session I will be at Silverlake Park Tennis Courts on Sunday, June 1, 2008 from 12:00-5:00 p.m. and Session II on Sunday, July 6, 2008 from 12:00-5:00 p.m.

Name _____ Male ___ Female ___ DOB _____

Age ___ Grade ___ Class _____
Choice _____ ClassTime _____ Phone _____

Address _____ City _____ State _____ Zip _____

EmergencyContact _____ Phone _____

I/My child _____ participates in the City of Erlanger's Tennis Clinics at my/his or her own risk and recognize there are risks involved including physical injuries, and will pay all medical expenses incurred and agree to indemnify and hold harmless the City of Erlanger, its elected officials, its employees, instructor, fellow participants and others affiliated with the program from any and all liabilities, claims, demands, actions or causes of actions resulting from physical injuries out of my/his or her participation. I have read and understand the nature of this waiver.

_____ Date _____

Participant's or (if a minor) Parent's/Guardian's Signature