Youth Tennis Program
2016

This four week tennis camp is for boys & girls completing grades 2-11.
It will be held **June 20th-23rd, 27th-30th, July 11th-14th & 18th-21st**
(If a class is cancelled due to weather during the week, it will be made up the Friday of that week.)

The fee for this program is $20.00
Instructor will be: Amanda Henning

The days & times for this program are:

Beginner 1	**(grades 2 & 3)**	**8:15-9:15**	**M W**
Beginner 2	**(grades 4 & 5)**	**8:15-9:15**	**T TH**
Intermediate	**(grades 6-8)**	**10:15-11:15**	**M T W TH**
Advanced	**(grade 9-11)**	**9:15-10:15**	**M T W TH**

All participants need to have tennis shoes. Tennis rackets are available for use during instructional times.

The registration deadline to return your form & fee of $20.00 sent in is April 30th, 2016.
Payment and form can be dropped off or mailed to:
City Hall 125 S Broadway Wells, MN 56097

If you have questions, please contact Amanda Henning at: amandahenning@unitedsouthcentral.org or City Hall at 553-6371

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(return this portion to City Hall)

2016 Tennis Sign Up
The fee for Tennis is $20.00

Circle the bracket you will be participating in:

Beginner I	**Beginner 2**	**Intermediate**	**Advanced**
(Completed gr. 2 & 3)	(Completed gr.4 & 5)	(Completed gr. 6-8)	(Completed gr. 9-11)

****Circle Shirt size:** Adult: S M L XL Youth: S M L XL

_____ _____
Child's Name Grade Completed

_____ _____
Parent/Guardian Name Email Address

_____ _____
Address City Phone Number

PARENTAL CONSENT FORM

I give permission for my child _____ to participate in the City of Wells Tennis program and agree to release any and all persons supervising and assisting in the program from any liability for injuries that my child may sustain while participating in the program. I also understand that I will assume all financial responsibility for any medical expenses that may be required to treat injuries sustained while participating in this activity. In the event that I am unable to be contacted, I hereby give permission to provide emergency first aid and/or medical care for my child.

In case of emergency, please notify

_____ _____
(Name) (Phone Number)

Parent's Signature _____