

# Indoor Junior Tennis at St. James UMC



“We Bring the Game of Tennis to Kids”

## Junior Tennis at St. James UMC

**Free Trial March 18**

Thursdays; March 25th– May 13th

**\$150**

### 3:30-4:30 \*Superstars - Ages 4-6

- General motor skill development featuring tennis specific activities
- Team games and relays

### 4:30-5:30 \*Racquet Rookies - Ages 7-9

- Focus on tennis fundamentals with an emphasis on play and fun
- Team games and relays

### 5:30-6:30-Future Stars Ages -10-12

- Designed for the low intermediate player just learning how to rally with consistency and is ready for introductory point and match play
- Tennis specific footwork relays

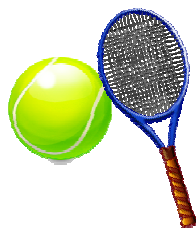
\* Each mini-court will be limited to six participants per instructor so don't "dilly dally!" and remember to ***SIGN UP EARLY!***  
***(registration deadline is March 21, 2010)***

For more info please contact:

Elizabeth Johnson at

EJohnson@StJamesAtlanta.org or

404-261-2131



## Registration for Junior Tennis

Child's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Gender: Male Female

Home #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_

Pediatrician: \_\_\_\_\_

Phone #: \_\_\_\_\_

Allergies or special concerns: \_\_\_\_\_

Checks must accompany registration. Payment must be received prior to first day of camp. Make checks payable to:  
**St. James UMC** and return to the CHURCH office.

Parental agreement: I understand that neither St. James United Methodist Church, nor its employees or volunteers, can be held responsible for any injuries received by my child while en route to or from camp, while attending camp, or in any camp activity. In case of emergency, the church's employees or volunteers have my permission to call doctors, ambulance, or use any hospital in the child's best interest. I give my permission for my child's photo to be used in website and print material.

**Pure Tennis LLC Waiver Form** I hereby release Pure Tennis LLC from any and all claims and liability of any kind of personal injury or property damage due to participation of this program. I certify that my child is in good health and is able to participate in all activities. If any attention is required for illness or injury, I give my permission to a staff member for such care.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_