



TENNIS PROGRAMS 2018-2019



Youth Tennis Clinic's

Session #1 Saturday, Nov 10 Ages 4-7

Session #2 Saturday, Feb 23 Ages 5-8

1-2PM

Cost \$14



Tiny Tennis Class

FRIDAY'S

January 11th - February 8th, 2019

(6-week program)

Ages 3-4

4:30-5PM

Cost \$60

Snow Make Up: February 15th

Youth Tennis Class

FRIDAY'S

January 11th - February 8th, 2019

(6-week program)

Ages 5-8

5-5:45PM

Cost \$72

Snow Make Up: February 15th

Tennis clinics and classes are design to keep every participant active, having fun and building physical literacy skills. Classes are taught with age appropriate equipment and teaching tools to enhance learning experience. Class focus on athletic development, court movement, coordination, partner play, and personal achievement. Tennis rackets will be provided, or you are welcome to bring yours.

Instructor: Certified instructor and Spring Grove Varsity Tennis Coach, Holly Metzger-Brown.

Location of classes:

Spring Grove Regional Parks and Recreation Center

50 North East Street Suite 1

Spring Grove, Pa 17362

ENTER AT DOOR #5 on back side of building on Pine Avenue

Classes held in the Gymnasium

Tennis Program Registration 2018-2019

Cut along line and return form with payment to enroll in clinic. Any questions may be directed to 717-225-9733 Ext. 3

Checks should be made payable to SGRPRC and sent to 50 North East St. Suite 1 Spring Grove Pa 17362

Players Name: _____ Borough/Township Residing: _____

Address: _____

Phone#: _____ Email: _____

Class attending (*Circle All*): Tennis Clinic Session #1 Tennis Clinic Session #2 Tiny Tennis Class Youth Tennis Class

Age: _____ Gender: M or F

Total Amount Due: _____ (*Checks payable to SGRPRC*)

I fully understand and accept the risks involved in participating in any strenuous activity and I absolve the Spring Grove Regional Parks and Recreation Center and Spring Grove Borough from all liability for any personal injury incurred through my participation in any Spring Grove Regional Parks and Recreation Center sponsored education and/or physical activity program.

Signature of Parent/Guardian: _____ Date: _____