



# AFTER SCHOOL TENNIS



OFFERED BY YOUTH TENNIS SAN DIEGO  
Come and Play "After School Tennis"

Held at **Longfellow Elementary**



**Mondays 3:40-4:40pm**  
**Cost is \$30 per each six week session**  
**\*\*Scholarship price available for those who qualify,  
please see below for details...**



Rackets and balls provided for all students

**Limit 15 students-RSVP required**

Please RSVP to Lindsey Vosburgh @ [lvosburgh@ytsd.org](mailto:lvosburgh@ytsd.org) or (619)221-9000 x104

**Program offered to 2<sup>nd</sup> - 5<sup>th</sup> grade students only!!!**

<b>Session 1</b>
April 18 <sup>th</sup> - May 23 <sup>rd</sup> **6 week session \$30 cost

**\*\*Please meet Coach Karen Villa on the blacktop area – portable tennis nets will be set up for program. Please bring signed waiver and payment to the first day of tennis. Have Fun!!**

**After School Tennis Registration Form -All participants must complete this form**

**\*\*\*Please be on time for pick up\*\*\***

**School/Site** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Child's name** \_\_\_\_\_ **Sex** M ( ) F ( )

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

Have you participated in our After School Tennis program before? Yes \_\_\_\_\_ No \_\_\_\_\_

**Parent's Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

In case of Emergency, please list person and phone number \_\_\_\_\_

**Please Make Checks Payable to YOUTH TENNIS SAN DIEGO Return to tennis instructor with fee of \$40/8wk session or \$8/8week session – scholarship price** \_\_\_\_\_

**\*\* (Scholarship fee is available to students on the Free lunch program) (Indicate lunch #) \_\_\_\_\_**

Waiver: I (we) agree that my child's participation in the After School Tennis program is without assumption of liability of any nature by Youth Tennis San Diego, the After School Tennis program instructors, any tennis club, recreation center or school where the program is operated. I do hereby discharge the aforementioned from any and all claims, which may suffer or sustain, directly or indirectly, in connection with said program.

**PHOTO/VIDEO RELEASE:** **Participant Initial** \_\_\_\_\_ **Parent/Guardian Initial** \_\_\_\_\_

I hereby authorize BTC to allow the reproduction, dissemination, and/or publication of my name and likeness for media coverage, public relations, or any other purpose which may involve the use of photographs, films, and/or video tape recording. This is to be done in conjunction with my participation in an "Activity" or event and I understand and agree that I may neither pay a fee to receive individual promotional consideration from my participation, nor will I receive any payment for the possible commercial use of my name or likeness.

**Parent/Guardian must sign for child to participate.** \_\_\_\_\_ **date:** \_\_\_\_\_