

SUMMER TENNIS CLINICS 2017



Junior Session I: June 5 - July 8
Adult Session I: June 5 - July 8

Junior Session II: July 10 - August 12
Adult Session II: July 10 - August 12

Want to improve your tennis skills this summer? Join the City of Edgewood Summer Tennis Clinics! Classes are held at Presidents Park courts and are conducted by Tim Mitchell, USTPA Instructor. For more information contact Tim Mitchell at home (513) 541-9811 or cell (513) 328-8811.

JUNIORS

Quickstart (Ages 4-6)

Monday & Wednesday 9:00 - 9:30 am
 Tuesday & Thursday 9:00- 9:30 am
 Saturday 9:00 - 10:00 am

Beginner (7-14)

Monday & Wednesday 9:30-10:30 am
 Tuesday & Thursday 9:30-10:30 am
 Saturday 10:00-11:00 am

Junior Advance Beginner (7-14)

Monday & Wednesday 10:30 -11:30 pm
 Tuesday & Thursday 10:30 -11:30 pm
 Saturday 11:00am - 12:00pm

Junior Prep (10-14 yrs.)

Monday & Wednesday 11:30 - 12:30pm
 Tuesday & Thursday 11:30 - 12:30 pm
 Saturday 12:00 - 1:30 pm

Adult Beginners (Ages 15 and older)

Monday 6:30-7:30 pm

Adult Advance Beginner (15 and older)

Wednesday 6:30 - 8:00 pm

Adult Intermediate (15 and older)

Thursday 6:30 - 8:00 pm

All Clinics held at Presidents Park Tennis Courts. Students should bring a racquet, water bottle & wear a hat.

Summer Tennis Clinic Fees Session I & II

Quickstart \$55

Junior Weekdays \$110

Junior Prep \$100

Adv. Beg. Saturdays \$75

Adult Beginner \$75

Adult Evenings \$100

Adult M, W, or Th.

In-Person Registration at Presidents Park with Tim Mitchell will occur for Session 1 on Saturday, June 3rd from 9:00 am - 11:00 am. In-Person Registration at Presidents Park with Tim Mitchell will occur for Session 2 on Saturday, July 8th from 9:00 am - 11:00 am.

CITY OF EDGEWOOD 2017 SUMMER TENNIS CLINIC REGISTRATION FORM

Register for Session I by June 3rd and Session II deadline is July 8th. A \$10 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!**

Name _____ Male ___ Female ___ Age _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell _____

Birthdate _____ Grade _____ Phone _____ Class Choice _____ Class Time _____

Emergency Contact _____ Phone _____

I/My child _____ participates in the City of Edgewood'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 Edgewood, 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 _____