



PLAY MIDDLE SCHOOL TENNIS

WHO: ALL Middle school students enrolled in the FNSB
(Please note: this is a Fairbanks Tennis Association program)

WHEN: August 1st 2011 - September 16th 2011
7:00 pm – 8:30 pm, Monday ,Tuesday, Wednesday, Friday
(No Rain Make-ups)

WHERE: Dan Ramras Community Tennis Courts (DRCTC next to Lathrop HS)

FTA FEE: \$100 (Scholarships Available)

REQUIREMENTS: Tennis Shoes, a positive attitude, and a desire to work hard at developing your tennis skills. The format will be a fun/work tennis experience. Stroke production and games will be used to provide a fast paced interactive experience.

REGISTRATION: Monday 8/1/2011-6:00 pm – 7:30 pm at the DRCTC
Space is limited –

Make checks payable to FTA, P.O. Box 73993, Fairbanks, Alaska 99707
Parent contact- Maria: 378-1218; rain & weather updates call 455-4301 (voice mail)

Player's Name: _____ **Phone (day)** _____

Address: _____ **Phone (eve)** _____

_____ **Date of Birth:** _____

Email: _____ **School** _____

Physical Condition/Health: Please circle: GOOD /LIMITED If limited, please explain on back.
T-Shirt Size (Adult Sizes) Small _____ **Medium** _____ **Large** _____ **XL** _____ (Please Pick one size)

Participation and medical consent: Parent/Guardian (Print your name): _____ State your relationship to player: _____ I, the parent/guardian of _____ (youth's name) hereby give my approval for him/her to participate in any and all FTA Tennis activities; I assume all risks and hazards incidental to my child's participation and I do hereby waive, release, absolve, indemnify and agree to hold harmless, the organizers, volunteers, participants, and other persons, for any claim arising out of any injury to my child, whether the result of negligence or for any other cause. In the event of any medical emergency, I request that I be immediately called at the above telephone number. If I am not available, I hereby give my consent, in the event of injury or illness, for emergency medical treatment, hospitalization, or other medical treatment as may be necessary for the welfare of the above named youth, by a physician, qualified nurse, certified medical athletic trainer, and/or hospital during all periods of time in which the youth is away from his/her legal residence. Further I hereby waive, on behalf of myself and the above named youth, any liability arising out of such medical treatment.

PARENT/GUARDIAN SIGNATURE

Date