

# 2017 AFTER SCHOOL SPORTS PROGRAM 4TH & 5TH GRADE TENNIS



**THIS INTRAMURAL PROGRAM FOR 4TH & 5TH GRADE STUDENTS WILL MEET FOR 90 MINUTES, FOLLOWING SCHOOL DISMISSAL**, and will emphasize learning tennis fundamentals, team concepts, sportsmanship, participation, improved health/fitness and fun!

Each participant will attend up to 3 practices, subject to school/coach conflicts and/or weather and have 1 "play day" that is open for friends and families to come and watch. The tennis program dates will be between November 27th and December 7th. Registered participants will be **E-mailed** a practice schedule of playing dates prior to the start of the program. Please note that Leisure Services e-mails may be sent to your spam folder. Contact [smahrenh@cityofdubuque.org](mailto:smahrenh@cityofdubuque.org) with any questions or if you do not receive a practice schedule prior to Tuesday, November 21st.

**Registration deadline is Thursday, November 9th or when each school reaches its maximum of 25 participants.** Registrations are accepted on a first-come, first-served basis until each school's maximum is reached. Registrations received after November 9th will be considered late and will be accepted only if space is available.

## REGISTER

by mailing, faxing (589-4391), registering online ([www.cityofdubuque.org/recreation](http://www.cityofdubuque.org/recreation)), or dropping the form off in person to the Leisure Services office (2200 Bunker Hill Road). **Make \$10.00 CHECKS PAYABLE TO THE LEISURE SERVICES DEPARTMENT.**

**Leisure Services Office Phone: 563-589-4263**

*If you are interested in volunteering, or coaching, contact Stacy Mahrenholz at [smahrenh@cityofdubuque.org](mailto:smahrenh@cityofdubuque.org)*



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PARENT'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PARENT EMAIL ADDRESS (REQUIRED): \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ MALE: \_\_\_\_\_ FEMALE: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

GRADE: \_\_\_\_\_ SCHOOL WHERE TENNIS PROGRAM IS HELD: \_\_\_\_\_

SCHOOL CHILD ATTENDS, IF DIFFERENT FROM ABOVE: \_\_\_\_\_

END OF PRACTICE ARRANGEMENTS: \_\_\_ WALK \_\_\_ PARENT PICK UP \_\_\_ Y-CARE \_\_\_ OTHER

PARENT'S SIGNATURE: \_\_\_\_\_

**FEE: \$10.00**

***With your signature***, you are giving your child permission to participate in this activity, and agree that the school district and Leisure Services Department and their employees are not responsible for injuries or accidents, which may occur while participating.

### COMPLETE IF PAYING BY CREDIT CARD

Credit Card Number

Today's Date \_\_\_\_\_

Credit Card Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_






\_\_\_ Cash  
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