

**Tigard High School**

announces

# **TigerTownTennis**

**Directed by:** Jack Cullen, Boys Varsity Tennis Coach, Certified Teaching Pro

**Assisted by:** Kevin Reeves, Tigard Tennis Asst. Coach

**Tennis for Tots (ages 5-8)**

Tuesday, Wednesday & Thursday

11am-12 pm

\$30.00 per session

Through participation in exercise, children develop eye, hand and foot coordination. Children learn the basic stroke production, cooperative learning is stressed and fun is emphasized.

**Beginning Tennis (ages 9-12)**

Tuesday, Wednesday & Thursday

11am-12 pm

\$30.00 per session

This class is designed for the student who has never played and would like to learn the game. Basic stroke production is emphasized. Sportsmanship and proper tennis etiquette are stressed.

**Junior Intensive Tennis Development Camp (ages 12-18)**

Monday, Tuesday, Wednesday and Thursday

9am-11am

\$100.00 per session

This camp is designed for the junior who is more competitive by nature, and who wants to improve their skills to a higher level of play. Emphasis is placed on preparing students for high school competition or sanctioned U.S.T.A. tournaments. Match play will be emphasized. Awards and prizes will be given.

**Session dates: for Tots and Beginners**

#1 June 18-June 20

#2 July 9-July 11

**Session dates for: Junior Intensive**

#1 June 17- June 20

#2 July 8-July 11

Friday will be rain make-up

**Loaner Racquets Available**

**Private and Semi-Private**

**Lessons Also Available**

**Our 11th Year!**

**Register anytime by phone:**

For information contact: Jack Cullen @ 503-867-1764

**503-867-1764**

**Register early!!**

**Registration details on back**

*All classes fill to capacity.*

Mail in deadline: Thursday, June 13

**IMPORTANT: ALL CLASSES WILL BE HELD AT  
Tigard HS Tennis Courts (behind the swimming pool)**

**Registration Form (one per student)**

**Date:** \_\_\_\_\_

**Tennis Player:** \_\_\_\_\_ **Age (at time of camp):** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Day Phone:** \_\_\_\_\_ **Alternate phone:** \_\_\_\_\_

**Emergency contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

***Register Early, classes fill up quickly!!***

**Please check class and session(s) you will attend:**

_____ <b>Tiny Tots</b>	_____ <b>Session #1 June 18-20</b>
_____ <b>Beginning Tennis</b>	_____ <b>Session #2 July 9-11</b>
_____ <b>Jr. Intensive Development</b>	_____ <b>Session #1 June 17-20</b>
_____ <b>Jr. Intensive Development</b>	_____ <b>Session #2 July 8-11</b>

**Days missed because of bad weather will be made up on Fridays.**

**\*\*\*No refunds for missed days\*\*\***

**Parent/Guardian Waiver for Children**

*If the applicant is less than 18 years of age, the parent or guardian must execute the following consent. The undersigned (parent or guardian named) referred to as parent, natural guardian, or legal guardian of (minor's name) \_\_\_\_\_ does hereby represent the he/she is, in such capacity and agrees to save and hold harmless and indemnify each and all parties here in named on the front and back of this form as release from all liability, loss, cost, claim or damage whatsoever that may be imposed upon said releases because of any defect in or lack of such capacity to so act and release said on behalf of both of the undersigned.*

**Consent to Medical Treatment for Minors**

I hereby authorize any duly authorized doctor, emergency medical technician, hospital or medical facility to treat minor for the purpose of attempting to treat or relieve any injuries received by said minor while he/she was a participant or observer at said event. I authorize any licensed physician to perform any procedure which he/she deems advisable in attempting to treat or relieve any injuries or related unhealthy conditions of said minor that he/she may encounter during necessary operation. I consent to the administration of anesthesia as deemed advisable by any licensed physician. I realize and appreciate that there is a possibility of complications and unseen consequences in any medical treatment, and I assume any such risk on the behalf of myself and said minor. I acknowledge that no warranty is being made as to the results of any treatment.

Parent/Guardian signature \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to minor \_\_\_\_\_

Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical allergies (if any) \_\_\_\_\_ Medication taken: \_\_\_\_\_

Medical Problems to be aware of: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please complete this form and return with a check or money order payable to: Tigard High School Tennis Camp, 9000 SW Durham Rd., Tigard, OR 97224**

**Registration Deadline is Thursday, June 13th**