

Tennis Clinics 2019

The City of Swift Current and Tennis Saskatchewan have partnered together to host four tennis clinics this summer. These will be great opportunities to learn and improve your tennis skills.

These 4 free clinics will be offered on **July 9, 16, 23 & 30** at the Westside Tennis Courts. Drop-ins are welcome, but preference will be given to pre-registered participants.

- Ages 6 – 9 from 5:30 – 6:30 pm
- Ages 10 – 14 from 3:30 – 4:30 pm
- Ages 15+ from 7:00 - 8:30 pm

Please ensure that you or your child come wearing appropriate clothing for all outside weather conditions with little access to shelter. In the case of poor weather conditions, the tennis clinics will be held at the Stockade at Kinetic Park. Recommended clothing would be running shoes, comfortable clothing for physical activity, and perhaps a hat and sunglasses. Also, please bring a water bottle.

By signing the attached waiver, you are giving consent for you or your child to partake in the tennis clinics.

Please return your completed registration form to City Hall or by email to communityservices@swiftcurrent.ca by June 28, 2019. Registrations may also be completed as a fillable form available on our website, www.swiftcurrent.ca/play

All registered participants will be notified of their place in the clinic by July 4th

If you have any questions or concerns, please call (306) 778-2787 or email communityservices@swiftcurrent.ca

Registration/Waiver – Tennis Clinics

Please read the following statements to indicate that you have read and understood the nature of this program. Please place a checkmark in the box accordingly.

- I understand that the clinics are led by an instructor from Tennis Saskatchewan.
- I understand that we meet at Westside Tennis Courts.
- I will ensure that my child or I will come dressed appropriately.
- I understand that there are clinics for different ages (listed on the previous page).
- I understand that my completed form must be returned to **City Hall by June 28, 2019**

| Participant's Name | Age | Allergies, injuries or other important |
|--------------------|-----|--|
| | | |
| | | |
| | | |
| | | |

 Parent/Guardian name – Printed

 Parent/Guardian name – Signature

Home #: _____ Cell #: _____ email: _____

Emergency Contact: _____ Phone number: _____

Photo Disclosure

I also give consent for the City of Swift Current to take photographs of me or my child/children and for the use of the said photographs to promote City sponsored activities for children and youth. Such use includes publishing the photographs on posters, pamphlets and websites but does not include permission to publish my child's/children's name, address or other personal information except with prior written consent from me.

Please check box for consent