

REGISTRATION FOR YOUTH PROGRAMS - One Form Per Child

*Personal Information:*

Student First Name \_\_\_\_\_ Student Last Name \_\_\_\_\_

Age \_\_\_\_\_ Grade Spring 2024 \_\_\_\_\_

Current School \_\_\_\_\_ Dominant Hand:  Right  Left

Parent/Guardian Names \_\_\_\_\_

Parent/Guardian E-mail \_\_\_\_\_

Parent/Guardian Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Contact Phone Number \_\_\_\_\_

*Arlington Resident:*  Yes  No

*Student Address:*

Street Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*Previous tennis experience:* please check all that apply

None  Hitting for fun  Basic lessons or clinics  Intramurals

Middle school team  High school team  JTT  Tournaments

If lessons or formal instruction, where & with whom?

\_\_\_\_\_

ALL CLINIC RATES ARE \$16 PER HOUR FOR THE SESSION.

All participants must select BOTH a registration fee AND as many classes offered as desired. The registration fee applies towards all classes offered for the spring season (through the end of school), and goes to the Town of Arlington. Classes can be added at a later time once the registration fee has been paid for the season.

Sibling registration fee discounts: \$15 off for 2nd child and \$25 off for 3rd child

Returning students may register for older groups only with coach recommendation.

- Clinics and Academy begin the week of February 11 and run until April 13; Intramural dates TBD in April-May after Monday Academy is complete
- No clinics held on President's Day (Feb 19), Spring Break (March 10-16), and Easter (March 31)

## **CLASSES:**

### **K-12th BEGINNER / ADVANCED BEGINNER RECREATIONAL PLAYERS**

\_\_\_ \$128 K-2ND SUNDAY CLINIC: 1:30-2:30 PM  
*8 weeks; Grouped by age/skill*

\_\_\_ \$128 3RD-5TH SUNDAY CLINIC: 2:45-3:45 PM  
*8 weeks; Grouped by age/skill*

\_\_\_ \$128 K-5TH THURSDAY CLINIC: 6:00-7:00 PM  
*8 weeks; Grouped by age/skill*

\_\_\_ \$128 K-2ND SATURDAY CLINIC: 1:30-2:30 PM  
*8 weeks; Grouped by age/skill*

\_\_\_ \$128 3RD-5TH SATURDAY CLINIC: 2:45-3:45 PM  
*8 weeks; Grouped by age/skill*

\_\_\_ \$144 6TH-12TH BEGINNER/ADVANCED BEGINNER MONDAY ACADEMY: 4:30-6:00  
*6 weeks; New & returning players acquiring fundamentals for match play*

\_\_\_ \$192 6TH-12TH BEGINNER/ADVANCED BEGINNER THURSDAY ACADEMY: 6:00-7:30  
*8 weeks; New & returning players acquiring fundamentals for match play*

\_\_\_ \$96 6TH-12TH BEGINNER/ADVANCED BEG INTRAMURALS: Mondays 6:00-7:30  
*4 Monday nights in April-May AFTER Monday Academy is complete; \*Must have completed at least one season of clinics, camp or Academy - independent serving skills not required.*

\*All programs listed below require a working knowledge of groundstrokes, volleys, and serves demonstrated in either a skills test or a previous program in order to register.

**6th-12th INTERMEDIATE/ADVANCED PLAYERS**

\_\_\_ \$144 6TH-12TH INTERMEDIATE/ADVANCED MONDAY ACADEMY: 4:30-6:00  
(6 weeks, No class President's Day and Spring Break); for skilled players with competitive match experience.

\_\_\_ \$144 6TH-12TH INTERMEDIATE/ADVANCED TUESDAY AND THURSDAY ACADEMY (2X/WEEK):  
4:30-6:00  
(3 weeks); for skilled players with competitive match experience; drop-in clinics available March-May around AHS match schedule

\_\_\_ \$96 6TH-12TH INTERMEDIATE/ADVANCED INTRAMURALS: Mondays, 4:30-6:00  
(4 Mondays in April-May, beginning AFTER Monday Academy is complete); \*Must have passed basic skills test. Grouped by skill level.

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**Choose 1 registration fee per child for Town, which applies to all SPRING 2024 programs.  
Checks made out & mailed to ATO, P.O. Box 808, Arlington, TN 38002**

\_\_Arlington Residents (\$25) Must be a registered incorporated Arlington address  
\_\_Non-residents (\$50) Unincorporated Arlington, Lakeland, Bartlett, Cordova, Fayette, Eads, and all other non-residential addresses

*Sibling Discount:*

\_\_Child #2 (\$15 off registration fee)  
\_\_Child #3 (\$25 off registration fee)

All Session Fees		_____
Registration Fee	+	_____
Sibling Discount	-	_____
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= Total Payment		_____

# ARLINGTON TENNIS ORGANIZATION WAIVER & PHOTO RELEASE

## Disclaimer and Release Form

I, \_\_\_\_\_, am a participant or parent/guardian of the child/children \_\_\_\_\_, registered for Arlington Tennis Organization (ATO) youth programs.

I give my approval for participation in any and all activities of ATO, including but not limited to practice drills, exercises, games and match play. I assume all risks and hazards related to participating in sporting activities. I hereby release, forever discharge and agree to hold harmless ATO, Director Julie Moultrie, or any of the ATO instructors, coaches, student helpers, or volunteers responsible from all claims or liabilities of any kind relating to participation in ATO programs.

Sickness - By participating in ATO programs I understand and assume the risks of contracting Covid or any other illness associated with exposure to groups. If ill from Covid or other contagious condition, I will quarantine from ATO programs as recommended per local guidelines.

### Photo Release:

I give permission for myself or the minors I have registered for the programs of ATO to be included in any photos which might be taken and posted to promote the programs of Arlington Tennis Organization.

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Signature

