#### REGISTRATION FOR YOUTH PROGRAMS - One Form Per Child

Personal Information: Student First Name \_\_\_\_\_ Student Last Name\_\_\_\_\_ Grade Entering in Fall 2024 \_\_\_\_\_ Age \_\_\_\_\_ 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 TIMES CHOSEN TO BEAT THE SUMMER HEAT!

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 summer season, 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.

- CAMP: May 20-24
- K-12TH SUN SESSION: June 2 July 14 (pick 6, make-ups before school)
- INTRAMURALS: Mondays June 3 June 24 (make-ups in July)
- ACADEMY WEEK 1, 2: T/W/R June 10-14, June 17-21 (make-ups Mon/Fri)
- ACADEMY WEEK 3, 4: T/W/R July 8-12, July 15-19 (make-ups Mon/Fri)

#### **CLASSES**:

| CAMP: K-5th, May 20-24 , 8:15-9:30 AM  Fun + fundamentals. Group placements made for each skill/age level.   |       |  |
|--|-------|--|
| CAMP: Beginner/Adv Beg 6th-12th, May 20-24, 9:30-11:00 AM<br>Beginner and Advanced Beginner players acquiring match play skills  | \$120 |  |
| CAMP: Int/Adv 6th-12th, May 20-24, 9:30-11:30 AM Intermediate and Advanced players; must be able to serve and rally independently, have played a season on a team, or passed a skills test                           | \$160 |  |
| SUNDAY CLINICS: K-5th, June 2 - July 14, 6:00-7:00 PM Pick 6 of 7 Sundays to fit your summer schedule  | \$96  |  |
| SUNDAY CLINICS: 6th-12th Beg/Adv Beg, June 2 - July 14, 6:00-7:00 PM<br>Pick 6 of 7 Sundays to fit your summer schedule  | \$144 |  |
| INT/ADV INTRAMURALS: 6th-12th, Mondays, June 3-24, 5:30-7:00 PM Middle and high school players with previous match experience  | \$96  |  |
| _ DEVELOPMENTAL/ADV BEG INTRAMURALS: 6th-12th, Mondays, June 3-24, 7:00-8:30 PM  Must have completed a session of clinics or camp. Emerging serve and rally skills. Independent serving not required on some courts. | \$96  |  |

| K-5th ACADEMY: Pick 2, 3, or 4 weeks, or ad   | d 1 week to another program      |                |  |  |  |
|---|----------------------------------|----------------|--|--|--|
| ACADEMY #1: K-5th, T/W/R, June 10-14, 8   | 3·15-9·30 AM                     | \$60           |  |  |  |
| ACADEMY #2: K-5th, T/W/R, June 17-21,   |                                  | \$60           |  |  |  |
| ACADEMY #3: K-5th, T/W/R, July 8-12, 8:15-9:30 AM   |                                  |                |  |  |  |
| ACADEMY #4: K-5th, T/W/R, July 15-19, 8   |                                  | \$60<br>\$60   |  |  |  |
| , ,   |                                  |                |  |  |  |
| 6th-12th BEG/ADV BEG ACADEMY: Pick 2, 3   | , or 4 weeks, or add 1 week to a | nother program |  |  |  |
| ACADEMY #1: 6th-12th Beg/Adv Beg, T/V   | V/R, June 10-14, 9:30-11:00 AM   | \$72           |  |  |  |
| ACADEMY #2: 6th-12th Beg/Adv Beg, T/V   | //R, June 17-21, 9:30-11:00 AM   | \$72           |  |  |  |
| ACADEMY #3: 6th-12th Beg/Adv Beg, T/V   | V/R, July 8-12, 9:30-11:00 AM    | \$72           |  |  |  |
| ACADEMY #4: 6th-12th Beg/Adv Beg, T/V   | V/R, July 15-19, 9:30-11:00 AM   | \$72           |  |  |  |
| 6th-12th INT/ADV ACADEMY: Pick 2, 3, or 4   | weeks, or add 1 week to anothe   | er program     |  |  |  |
| ACADEMY #1: 6th-12th Int/Adv, T/W/R, J  | une 10-14, 9:30-11:00 AM         | \$72           |  |  |  |
| ACADEMY #2: 6th-12th Int/Adv, T/W/R, J  |                                  | \$72           |  |  |  |
| ACADEMY #3: 6th-12th Int/Adv, T/W/R, J  | •                                | \$72           |  |  |  |
| ACADEMY #4: 6th-12th Int/Adv, T/W/R, J  |                                  | \$72           |  |  |  |
| Choose 1 registration fee per child for Town, which applies to all SUMMER 2024 programs. Checks made out & mailed to ATO, P.O. Box 808, Arlington, TN 38002 |                                  |                |  |  |  |
| Arlington Residents (\$25) Must be a reNon-residents (\$50) Lakeland, Bartlett non-residential addresses  | 0                                | all other      |  |  |  |
| Sibling Discount:Child #2 (\$15 off registration fee)Child #3 (\$25 off registration fee)   |                                  |                |  |  |  |
|   | All Session Fees                 |                |  |  |  |
|   | Registration Fee                 | +              |  |  |  |
|   | Sibling Discount                 | -              |  |  |  |
|   | <del></del>                      |                |  |  |  |
| = 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.  |
| Signature   |

### TOWN OF ARLINGTON

## Release Form Please print and fill out completely

| Name of Participant  |   |   |  |
|--|---|---|--|
| Name of Parent or Legal Gua  | rdian   |   |  |
| AddressStreet  | City  | State   | Zip  |
| Street   | City  | State   | Zip  |
| Home Phone   |   | Cell Phone  |  |
| E-mail Address   |   |   |  |
| RELEASE AND WAIVER OF  | LIABILITY AGR   | <u>EEMENT</u>   |  |
| I am aware of the activities to assume any and all risks of be known or unknown. I herebe the Town of Arlington, its did liabilities of any kind relating Arlington property and/or relating to the second se | odily injury, pro<br>y release, foreve<br>ectors, employe<br>g to the participa | perty damage, whether t<br>r discharge and agree to<br>es and agents from all cla | hose risks are<br>hold harmless<br>aims or |
| Please sign below:   |   |   |  |
| Signature  |   | Date  | <del></del>                                |
| Parent or Legal Guardian   | <del></del>   | Date  | <del></del>                                |