

# Burley Tennis

## Middle School Sports Program Sponsored by Albemarle County Parks and Recreation

**Group Tennis Instruction:** Learn strokes, grips and basic skills to get you started on a wonderful lifetime sport. Lessons will incorporate fun games. Open to boys & girls. Matches between other Schools TBA (optional).

### Important Registration Information

**Dates:** Mondays & Wednesdays, September 9 – October 9, 2019

**Time:** 4:10pm to 5:30pm, (Please listen to afternoon announcements each day, if raining practiced canceled)

**Return form and \$50** (cash or check made to Albemarle County) **to Mr. Boyd at Burley beginning Friday, August 23<sup>th</sup>.**  
(50% Scholarships Available for qualified students)

**Questions talk to Mr. Boyd at Burley or call Joe Clark at Parks and Rec. #296-5844**

### Program Rules & Registration

- ❖ Participants must be a student at Burley Middle School. This program is co-sponsored with Albemarle County Schools & Albemarle County Parks & Recreation.
- ❖ Participants must follow school rules as well as rules set-up by the coach/supervisor.
- ❖ Parents must realize that the coach/supervisor has the authority to suspend any individuals from the program if this action is determined to be in the best interest of the overall program. No refund if the participant is suspended from the program.
- ❖ Parents must pick-up their children by 5:30pm. A late fee of \$15.00 will be charged if pick-up is at 5:45pm or later. This fee must be paid to the coach/supervisor before the participant can return.



(Please return bottom half of form with payment & keep top half for your records.)

**Please Circle Adult T-Shirt Size:**      Small                  Medium                  Large                  X-Large                  2XL

Participant Name: \_\_\_\_\_ Burley Grade (circle one)    6    7    8

Parent's Email: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street Address)    (City)    (Zip Code)

Parent/Guardian Name: \_\_\_\_\_ Work/Cell Phone #: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Work/Cell Phone #: \_\_\_\_\_

Please list any medical conditions that we should know: \_\_\_\_\_

- ❖ **I hereby give my child(ren) permission to be transported to all away tennis matches.** The parent/guardian authorizes the Sports Program to obtain immediate medical care if any emergency occurs when he/she cannot be located immediately. The parent/guardian releases Albemarle County and its officers, agents and employees from liability that might be incurred during the course of the activity.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Amount Paid \_\_\_\_\_

Cash Or Check # \_\_\_\_\_