

JUNIOR TEAM TENNIS

AMADOR COUNTY ★ SPRING 2019

LEARN TENNIS WITH YOUR FRIENDS PLAY AGAINST OTHER LOCAL TEAMS

**EARLY
BIRD
DISCOUNT**
Take \$10 off
your total if
postmarked
by Feb. 15

Six matches on
Saturdays
April 6 - May 11

WHAT: Co-ed teams play singles &/or doubles in beginning, intermediate & advanced levels. No experience is necessary!.

WHEN: Six-week match season runs April 6-May 11. Each team will have one practice per week after school (you can request a day/time that works for you). Each team will also have one match each SATURDAY (exact match times to be determined based on total number of players). Practices begin in mid-March.

WHO: Boys and Girls Ages 7-14. Sorry, no high school players.

WHERE: Practice locations will be announced. Matches will be played at Argonaut High School in Jackson and Amador High in Sutter Creek.

HOW MUCH: \$70* for one child, \$45 for second child, \$10 third child (max \$125 per household). Fee includes t-shirt, awards & season-end party.

*No child will be denied participation for financial reasons. Contact us for info on grant assistance. Each child needs his/her own youth tennis racquet. ATC will assist with making sure every child has a racquet; let us know if you have questions about sizing or if you are unable to provide a racquet for your child.

Children new to the league who want to play above beginner level, and returning players who want to move up a level must be evaluated at ASSESSMENT DAY March 9 at 2pm at Argonaut High School. Returning players who want to continue at the same level, and new beginners **DO NOT NEED TO ATTEND.**

WHY SHOULD KIDS HAVE ALL THE FUN?

Join us as a volunteer coach!
No experience necessary.
Email or call for more info.

Register early,
space is limited!
Register online at
amadortennisclub.org
or use form on next page
DEADLINE: March 6

ATC

Questions? Call 257-1950
or danklement1@gmail.com

JTT Spring 2019 Registration Form • REGISTER ONLINE at amadortennisclub.org

Participant Information

Player Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Birth Date: ____/____/____ Gender: ____ T-Shirt Size (circle): Youth M L Adult S M L

Has played Jr. Team Tennis before? Y N What level? Beginner Intermediate Advanced Has Racquet: Y N

List preferred teammates/coach/practice location/practice days/times (if this changes after you register, please contact us!):

NOTE: Returning players who want to move up a level and new players who want to play above beginner level must be evaluated on March 9 at 2pm at Argonaut High. Do you plan to attend evaluations? Y N

Parent/Guardian Information

First Name: _____ Last Name: _____

Phone: _____ Cell Phone: _____ Email: _____

Emergency contact if parent cannot be reached: Name: _____ Phone: _____

Will you consider volunteering? No tennis experience is necessary – training will be provided by the league.

(Circle all that apply) Coach Help at Practice League Organizational Tasks

Release of Liability and Coach/Player/Parent Code of Ethics

I hereby pledge to show good sportsmanship by demonstrating positive support for all players, parents, coaches and officials at all times.

I, my child, friends and guests will demonstrate respect toward others. We will place the emotional well-being of others ahead of our own desire to win. We will be aware of all Amador Tennis Club and USTA Junior Team Tennis rules and regulations and will adhere to them at all times.

I understand that this is a “timed” sporting event and that my child may not receive the exact playing time in every game.

I understand that participation in athletic programs may result in serious injury and that it is impossible to totally eliminate such occurrences. Players, parents and guardians can reduce the risk of injury by obeying all safety rules, follow a proper conditioning program and wearing proper attire.

I absolve and hold harmless the United States Tennis Association (USTA) and the Amador Tennis Club (ATC), its employees, officers or agents from any liability that may result from the participation of the above named minor in my legal custody in the above activity. I also give my permission for his/her participation in the above activity, and for any necessary medical treatment. I understand that the USTA and ATC have no obligation to supervise my child(ren) at the close of the above activity, and I release the USTA and ATC, its officers, employees and agents from any liability resulting from any lack of supervision of my child(ren) at the close of the above activity. I understand that those involved in the above activity may be photographed and such photography may be used to publicize future programs and activities. I understand that no refunds will be given after shirts are ordered.

Parent or Guardian Signature _____ Date: _____

Player Signature _____

Fees (Payment must be received before child will be placed on roster. Contact us about financial assistance if needed).

\$70 first child \$45 second child \$10 third child

Total enclosed: _____ (checks payable to ATC) **TAKE \$10 OFF YOUR TOTAL IF POSTMARKED BY Feb. 15*

Form/payment must be received by March 6. Mail to: ATC c/o Benita Asher, 11180 Ranchette Dr., Jackson CA 95642
Questions? Call 257-1950 or email danklement1@gmail.com