

After-School Tennis Program



WEST ELEMENTARY

TGA makes tennis a convenient option for kids by bringing our award-winning enrichment program directly to the places your students already spend their time: the safety of their schools! Our curriculums were developed by TGA's education experts and the USTA to emphasize fun and use tennis as a vehicle for teaching educational concepts as well as life lessons such as respect, honesty, perseverance and sportsmanship. **ALL EQUIPMENT IS PROVIDED!**

Grades K-2

TUESDAYS (6 weeks)

Ends at 4:40PM (pick up in the Gym)

\$115 per student

Session 1: January 10th-February 14th

Session 2: April 4th-May 16th (no class 4/18)

Grades 3-5

THURSDAYS (6 weeks)

Ends at 4:40PM (pick up in the Gym)

\$115 per student

Session 1: January 12th-February 16th

Session 2: April 6th-May 18th (no class 4/20)

Any Questions?: Please call the Plymouth Recreation Department 508-747-1620 x 137

REGISTRATION MUST BE DONE THROUGH THE RECREATION DEPARTMENT (not through the school):

- Online - register and pay at www.plymouthrec.com
- In Person - visit our office in the basement of Town Hall, 11 Lincoln Street, Plymouth
- By Mail-complete form & mail with check to: Plymouth Recreation, 11 Lincoln St, Plymouth, 02360
 - **REGISTRATION DEADLINE: One week before start of program or when full**

PARTICIPANTS:

	Name	Date of Birth	Grade/ Teacher/ Bus #	Allergies/Medical Issues
Child 1:				
Child 2:				
Child 3:				

PARENTS/GUARDIANS/EMERGENCY CONTACTS:

	Name	Cell Phone & Carrier	Home Phone	Office Phone
Adult 1:				
Adult 2:				
Adult 3:				

MAILING ADDRESS:

EMAIL:

WAIVER: I, the parent/guardian of the child named above, have been made aware that the Town of Plymouth, the Recreation Department, West Plymouth Elementary School, and its related parties, are not covered by insurance for persons injured while taking part in Recreation Department programs. In consideration of my child's upcoming participation, I hereby hold the Town, its servants and employees and related parties harmless from any injury I or my child may incur during said participation. Further, I am delegating authority in advance of any specific diagnosis or treatment to an authorized person from the Recreation Department and the doctor/clinic/hospital to exercise their best judgment as to necessary medical/surgical treatment for me or my child in the event that I cannot be reached. I agree to hold harmless the Town of Plymouth, the Recreation Department, Plymouth West Elementary School, its servants and employees, its related parties and the doctor/clinic/hospital treating my child for failure to obtain my consent. I further grant authorization for any pictures taken of my child to be used for publicity and promotional purposes.

Signature of Parent/Guardian:

Date: