



Amador County Junior Team Tennis League

April 14 - May 19

Join in the Fun! Beginners Welcome!

WHAT: Learn tennis with your friends & play against other local teams. No experience is necessary! Co-ed teams play doubles in three ability levels: beginning, intermediate and advanced

WHEN: 6-week season runs April 14 - May 19. Each team will have one practice per week after school & one match each Saturday at 3pm. Practices begin in March – day, time and location will be coordinated with coaches, parents & players.

WHO: Boys and Girls Ages 7-14

WHERE: Practice locations will be announced. Matches will be played Saturdays at 3pm at Argonaut High School Tennis Courts in Jackson.

HOW MUCH: \$65* for one child, \$40 for second child (max \$110 per household). Fee includes t-shirt, awards, Jr. USTA membership & season-end party on May 19.

*No child will be denied participation if unable to pay. Contact ATC 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.

**EARLY
BIRD
DISCOUNT**

Take \$10 off
your total if
postmarked
by Feb 17

Register early
& SAVE \$10!

WHY SHOULD KIDS HAVE ALL THE FUN?

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

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 3rd at 2pm
at Argonaut High School

Amador Tennis Club
227 Mountain View Dr.
Jackson CA 95642
email: rescamilla@me.com
phone: 304-0004

ATC
Visit us online...
www.amadortennisclub.org

Mail in the
registration form on
reverse by **Feb. 29!**

Junior Team Tennis League Player Registration Form - Spring 2012

Participant Information

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Birth Date: ____/____/____ Gender: _____

T-Shirt Size (circle): Youth M L Adult S M L

Notes (preferred teammates, days your child can't practice, medical notes, etc.): _____



Parent/Guardian Information

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____ Email: _____

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

Are you interested in volunteering? No tennis experience is necessary – training will be provided by the league.

(Circle all that apply) Coach Help at Practice After-match snacks End-of-season Party/Awards

Other (please explain): _____

Previous Tennis Experience

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

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 3 at 2PM AT ARGONAUT HIGH

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.

Parent or Guardian Signature _____ Date: _____

Participant Signature _____

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

\$65 first child \$40 second child \$5 third child

Total enclosed: _____ (checks payable to ATC) **TAKE \$10 OFF YOUR TOTAL IF POSTMARKED BY FEB. 17**

Return form and payment by Feb. 29 to: Amador Tennis Club, 227 Mountain View Dr., Jackson CA 95642
Questions? Call 304-0004 or email rescamilla@me.com