

Grimes Parks & Recreation Department

Telephone: (515) 986-2143

Fax: (515) 986-2143

www.grimesiowa.gov

CITY OF GRIMES



Summer Tennis Clinic for Ages 6 and Up

Program Description:

This 4-day clinic is taught by Andy Grove, of Grimes, who was a High School Tennis Coach for 6 years and conducted numerous youth clinics while being a coach. The clinic is designed for participants interested in learning the game of tennis in a fun way. Each clinic member needs to bring their own tennis racquet and water bottle. All rainout make-ups will be on Fridays.

Who: For Ages 6 and Up

Where: Grimes Sports Complex Tennis Courts

Dates: Monday, July 12th – Thursday, July 15th

Time: 9:15am – 10:15am for Ages 6-10 (Min. 6/Max 20)
8:00am – 9:00am for Ages 11+ (Min. 6/Max 20)



Questions: Contact Brett Barber, Grimes Parks & Recreation Director at bbarber@ci.grimes.ia.us.

To Register: Register ONLINE, OR bring in registration to the GCC, OR mail to City Hall at 101 NE Harvey St. in Grimes.

Cost: Ages 6-10 is \$20 per child OR Ages 11+ is \$25 per person. Includes a t-shirt.

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2010 "Summer Tennis Clinic" Registration Form

PARTICIPANT'S NAME: _____ DOB: _____ AGE: _____

PARENT/GUARDIAN'S NAME: _____ I can assist: YES NO

STREET ADDRESS: _____ CITY: _____ ZIP CODE: _____

EMAIL: _____ PHONE: _____

Please Circle: 9:15am for Ages 6-10 OR 8am for Ages 11+

Please Circle t-shirt size: YS YM YL AS AM AL

Cost is Ages 6-10 is \$20 per child OR Ages 11+ is \$25 per person.

Release and Indemnification Agreement:

I hereby request that you accept my child's application for registration in this Grimes Park and Recreation Department program. With consideration of your acceptance of my child, I hereby release the City of Grimes, its employees, and the coaches and volunteers associated with this program from all claims which may arise in the event my child is injured in an accident that occurs while he or she is participating in this program. I further agree to indemnify the City of Grimes, its employees, and the coaches and volunteers associated with this program for any claim, which may hereafter be presented on behalf of my child as a result of any such injuries. I hereby acknowledge that it is my responsibility, not the responsibility of the City of Grimes, to provide medical insurance coverage in the event I desire to have medical insurance coverage for my child while he or she participates in this particular activity. I will also allow pictures of my child during this program to be used only for the marketing purposes of future Grimes Parks and Recreation programs.

Signature of Parent or Guardian

Date

Grimes Community Complex ~ 410 SE Main St. in Grimes