



Youth & Adult Tennis

CHILDREN AGES 5-16 & ADULTS 18+

The Marion Parks and Recreation Department will once again offer youth tennis classes as part of a partnership with Westfield Tennis Club. Classes are led by instructors that have been trained by highly qualified and certified tennis professionals. *Minimum class size 2, maximum class size 10. Only rain dates will be made up.*

Fee: \$70.00 per session (5 meetings each session)

Dates: Summer Session 1: June 3-July 5
Summer Session 2: July 8-August 9
Fall Session: September 9-October 7

Days/Times:	SUMMER: Tots (4-6 year olds)	AM: Fridays→ 9-9:45 a.m.	PM: Mondays→ 5-5:45 p.m.
	SUMMER: Rookies (7-10 year olds)	AM: Fridays→ 10-10:55 a.m.	PM: Mondays→ 6-6:55 p.m.
	SUMMER: Racqueteers (11-13 year olds)	AM: Fridays→ 11-11:55 a.m.	PM: Mondays→ 7-7:55 p.m.
	SUMMER: Intermediate (12-16 year olds)	PM: Fridays→ 12-12:55 a.m.	No Class Offered
	SUMMER: Adult Cardio Tennis	No Class Offered	PM: Mondays→ 8-8:55 p.m.
	FALL: Rookies (7-10 year olds)	No Class Offered	PM: Mondays→ 5-5:55 p.m.
	FALL: Racqueteers (11-13 year olds)	No Class Offered	PM: Mondays→ 6-6:55 p.m.

Location: Marion High School Tennis Courts

Notes: Participants should bring their own racket and water.

REGISTRATION DEADLINE: 1 Week Prior to Class Start Date

Sign up early, we can't guarantee there will be openings after the deadline.

A LATE FEE OF \$10.00 WILL BE ADDED FOR EACH REGISTRATION AFTER THE DEADLINE.

PLEASE PRINT CLEARLY AND COMPLETE ALL FIELDS

Participant's Name: _____ Gender (Circle One): Boy or Girl

D.O.B.: _____ Age: _____ Grade (2019-20) _____

Circle Session: SESSION 1 SESSION 2 FALL SESSION

Circle Division: TOTS ROOKIES RACQUETEERS INTERMEDIATE ADULT CARDIO

Circle Day/Time: MONDAY—PM CLASS FRIDAY—AM CLASS

Parent's Name(s): _____ E-mail: _____

Address: _____ Phone: _____

Parent's Signature: _____ Date: _____

Signature of Parent/Guardian: I hereby authorize my child to register to participate in any of the stated programs above sponsored by the City of Marion Parks and Recreation Department. I understand that these programs, like most programs similar in nature, have some degree of inherent risk involved. Furthermore, my child is in good physical condition appropriate to participation in the above activities and I understand that the participants must assume full responsibility for bodily injury incurred while participating in the activities. No accident insurance is provided through the City of Marion. I grant the Marion Parks and Recreation Department permission to use photos and/or videos taken of my child during participation in these programs. I waive my right to inspection or compensation.

RETURN FORM & PAYMENT TO:

Marion Parks and Recreation
4500 Tenth Street, Marion, IA 52302

For questions or more information please contact
Marion Parks & Recreation at 319-447-3590