
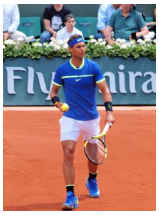

After School Tennis

1UP HANDLES

Main Goal: For participants to have fun learning tennis basics and playing tennis games.

Place: **Westover ES**

Day/Dates: **Monday(s) SEPTEMBER** 22, 29 **OCTOBER** 6, 13, 27 **NOVEMBER** 10

Time: 4pm – 5pm

Who: **Students in Grades / K -5th**

Cost: **$70**

Registration: **Fill out the form below & email to: 1uphandles@gmail.com**

Payment: **Zelle: 240.426.5004 | Venmo: @Kevin-Thompson-51 |**

Location: School Gym

Contact #/ Email: **Kevin (240) 426-5004 or 1uphandles@gmail.com** (Questions)

Special Note: Minimum of 10 participants

Dismissal: **KAH**, **Parent Pick Up**, **Walker** (Please Circle One)

Registration Information

Participant Name: _____
Teacher: ____ Grade: ____ School: **Westover**
Address: _____n/a_____
City: _____n/a_____ State: __n/a___
Home Phone #: _____
Cell Phone #: _____
Parent/Guardian: _____
Email: _____
Emergency Contact: _____
Phone #: _____
Relationship: _____
Special Needs/Health Concerns: _____
_____

Parental Policy Agreement

I hereby certify that my child is in normal health, covered by medical insurance, and capable of safe participation in After School Tennis by 1 Up Handles Inc. Any Special needs or health conditions have been stated. The organizers and staff are not responsible for any damage or injury incidental to the conduct of this program. I hereby authorize the 1 Up Handles Inc. staff to obtain medical treatment for my child in the event that parent/guardian or emergency contact cannot be reached.

Signature of Parent/Guardian: _____

(These materials are neither sponsored nor endorsed by the Board of Education of Montgomery County, the superintendent, or this school)