



After School Tennis



- Main Goal:** For the participants to have fun learning and playing Tennis games.
- Place:** Westover ES
- Day/Dates:** Monday(s) **OCTOBER** 3,10, 17, 31 **NOVEMBER** 14, 28
- Time:** 4pm - 5pm
- Who:** All Students Grades K -5th
- Cost:** \$70 Checks payable to: '1 Up Handles Inc'
- Registration:** **www.1uphandles.com** |Click 'Programs'; Click 'After School' Find 'Westover ES'|
- Registration:** Mail Form & payment to: **1 Up Handles Inc, 1409 Pillock Place Silver Spring, MD 20905**
- Location:** School Gymnasium
- Contact #/ Email:** Kevin (240) 426-5004 or 1uphandles@gmail.com (Questions)
- Special Notes:** *Class capacity is 30 participants. Minimum of 10 participants
- Dismissal:** **KAH, Car Rider, Walker** {Circle One}

Registration Information

Name: _____
 Teacher: ____ Grade: ____ School: **Westover ES**
 Home Phone #: _____
 Cell Phone #: _____
 Parent/Guardian: _____
 Email: _____
 Emergency Contact: _____
 Phone #: _____
 Relationship: _____

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.

Special Needs/Health Concerns: _____
 Signature of Parent/Guardian: _____