



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

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have fun learning **TENNIS** basics and playing

Place: Westover ES

Day/Dates: Monday(s) **OCTOBER** 2, 16, 23, 30 **NOVEMBER** 6, 13, 27

Time: 4pm – 5pm

Who: Students in Grades / K -5th

Cost: \$80 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 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)