



- Main Goal:** For participants to have fun learning tennis basics and playing tennis games.
- Place:** Westover ES
- Day/Dates:** Monday(s) SEPTEMBER 28 OCTOBER 5, 12, 19, 26 NOVEMBER 9
- 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: _____