

2010 TENNIS REGISTRATION FORM
Sabattus Rec. Club
P.O. Box 690
Sabattus, ME 04280

Tennis season is near, sign up today!! The program is offered to 6th to 8th grade boys and girls, and will run 2 to 3 times weekly starting April 7th and ending in mid June. Practices will be held at the Oak Hill High School Tennis Courts.

The team will be coached by Oak Hill High School Boys and Girls Assistant coach Shane Bouchard with assistance from some of our High School athletes.

The goal of the program is to introduce the game of tennis to young athletes and to serve as a feeder program to the high school. Using a games approach to coaching and intra squad scrimmages you will learn the basic skills needed to play tennis.

Participants are encouraged to have non marking tennis shoes, athletic shorts or pants with pockets and a tennis racquet. (Racquets can be provided if needed). All other equipment will be provided.

Sign Ups : March 12th @ 7pm in the Oak Hill High School Home Ec. Room.

Fee: \$30.00 Includes a T-shirt. Make checks payable to Sabattus Rec. Club Memo Tennis

Contact Info. : Shane Bouchard (Coach) @ 795-7946 or Tennis@sabattusrec.com

----- CUT HERE AND RETURN BELOW -----

Players Name _____ Street Address _____
City _____ State Maine Zip _____ Grade Currently In _____
Mothers Name _____ Cell# _____ E-Mail _____
Fathers Name _____ Cell# _____ E-Mail _____
Shirt Size _____

Do you have health insurance? YES or NO
Carrier _____ Policy # _____

I, _____, GIVE PERMISSION TO MY CHILD, _____ TO PARTICIATE IN THE SABATTUS RECREATION CLUB TENNIS PROGRAM. I UNDERSTAND THE RISKS INVOLVED IN ANY SPORT AND AGREE TO ASSUME THESE RISKS. I RELEASE THE SABATTUS REC. CLUB, LEAGUE, ITS COACHES, ASSISTANTS, VOLUNTEERS AND DIRECTORS FROM ANY AND ALL LIABILITY DURING ALL PRACTICES AND GAMES. **I AM AWARE THAT THE SABATTUS REC. CLUB REQUIRES THAT EACH CHILD HAVE MEDICAL INSURANCE COVERAGE TO PARTICIPATE IN THIS PROGRAM. I UNDERSTAND A PARENT/GUARDIAN OF EACH CHILD MUST BE PRESENT AT ALL TIMES DURING PRACTICES AND GAMES.** SHOULD MY CHILD BE INJURED, I GIVE MY PERMISSION FOR APPROPRIATE FIRST AID TO BE GIVEN TO MY CHILD.

SIGNATURE: _____ DATE: _____