



**SPRING TENNIS CLINICS**  
**Monday, April 4, 2016 – Sunday, May 22, 2016**

The City of Florence has contracted with ATKB Tennis to offer tennis clinics to youth and adults at the Lincoln Woods Park Tennis Courts. All skill levels are welcome and classes will be taught by Tom Kolenich, USPTA Certified Tennis Instructor.

Youth clinics will be offered on multiple days. The pricing, below, includes the cost of a single-day full session (one day a week, for seven weeks). If you are interested in taking class on multiple days, the fee will be charged for each single-day full session (i.e: Future Aces, Monday and Tuesday will cost \$104.00/session).

<u>Student Level</u>	<u>Age</u>	<u>Available Days</u>	<u>Time</u>	<u>Fee</u>
Future Aces	5-7 years	Monday, Tuesday <i>or</i> Wednesday	4:00 PM – 4:30 PM	\$52.00
Junior Rookies	8-10 years	Monday, Tuesday <i>or</i> Wednesday	4:30 PM – 5:30 PM	\$95.00
Junior Tour Stars	11 years & up	Monday, Tuesday <i>or</i> Wednesday	5:30 PM – 6:30 PM	\$95.00
High School		Monday	6:30 PM – 8:00 PM	\$125.00
Adult Beginner	16 years & up	Sunday	1:30 PM – 3:00 PM	\$125.00
Adult Intermediate		Tuesday	6:30 PM – 8:00 PM	\$125.00
Adult Advanced		Wednesday	6:30 PM – 8:00 PM	\$125.00

*For any questions or concerns about classes, skill levels or in-person registrations, please contact Tom Kolenich (call/text) at (724) 988-9454 or ATKBTENNIS@gmail.com*

**Spring Tennis Clinic Registration Form**

**Registration deadline for Spring Tennis Clinics is Saturday, April 2, 2016.**

Please make checks payable to: **ATKB Tennis**

Registration forms and payment will need to be completed and turned in at one of the in-person registrations. In-person registration will be held at the **Meeting Room** in the **Florence Library Branch** (7425 U.S. 42) from 1:00 PM – 3:00 PM on Sunday, March 13, 2016 and Sunday, March 20, 2016.

**If you are unable to attend one of the in-person registrations, please contact me at ATKBTENNIS@gmail.com to discuss other options.**

Name: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 ZIP Code: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Class: \_\_\_\_\_ Day(s): \_\_\_\_\_ Time: \_\_\_\_\_  
 Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I/My Child will participate in the City of Florence's Tennis Clinics at my/our own risk and recognize there are risks involved including physical injuries, and will pay all medical expenses incurred and agree to indemnify and hold harmless the City of Florence, its elected officials, its employees, instructor, fellow participants, and others affiliated with the program from any and all liabilities, claims, demands, actions or causes of actions resulting from physical injuries out of my/our participation. I have read and understand the nature of this waiver.

Participant's or (if a minor)  
 Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

