



Tennis for Lower School Kids

Program K-4th grade

Based on Holy Spirit Tennis Academy USTA Net Generation Program
10 and under Tennis

Classes: Wednesdays starting February 14- May 23 (12-week program)*no class on March 14, March 28, April 25

Time: 4:30pm-5:30pm

Location: Upper School new tennis courts

Cost \$230 all semester

\$50 HSTA annual registration fee. (For new students only)



To sign up..

Text/Email Coach Paula for sign up link @
404-695-0053 or coachpaula@gmail.com

Or Fill Out Registration Form below and give to
Mrs. Emily Maranville at School Front Desk

DEADLINE: February 12

Holy Spirit Tennis Academy

TENNIS REGISTRATION FORM

Child's Name: _____ Parent's Name _____

Address: _____

Emergency Phone Numbers (Home) _____ (Cell) _____ Email: _____

Child's Age: _____ Grade: _____ Teacher: _____

Pre-existing and Present Medical Conditions: _____ Allergies: _____

Payment Enclosed: \$230 for all Semesters + \$50 for Academy Registration Fee, Please make check payable to Paula Umana and give registration form to Mrs. Emily Maranville at school front desk.

Acknowledgment of Risks and Waiver of Liability: As a parent/legal guardian of the child named above, I consent by signing below to his/her participating in tennis classes administered by Paula Umana and her assistant(s). I understand & acknowledge that participation in tennis activities involves rackets, balls, motion, movements in a unique physically demanding environment and as such carries with it a reasonable assumption of risk, and hereby agree to assume such risks. In consideration for allowing my child to use their facilities and receive tennis instruction, I hereby (i) waive, and release, forever discharge and hold harmless, Paula Umana and her assistant(s), Holy Spirit Prep and their respective members, directors, officers, employees, representatives, successors and assigns (collectively, "Released Parties") from , any and all claims, demands, causes of action or liabilities of any kind of injury inside and outside from the court suffered by my child while under normal time of instruction, supervision or control of Paula Umana and her assistant(s) and (ii) agree not sue any of the Released Parties for any of the claims or liabilities that I have waived, released or discharged herein

Signed _____

Date _____

For more information

coachpaula@gmail.com
[4046950053](tel:4046950053)