Join the

**All-Star Comets Tennis Clinic**

Are you interested in learning how to play tennis? If so, then this tennis clinic is for you! Coach Richey has a great collection of instructors, comprised of current members of the girls’ tennis teams and Grand Ledge tennis alumni, eager to teach you everything from the basics to advanced tennis stokes and strategies. You’ll have a great time learning this sport! **Don’t miss out on this fun weeklong clinic!** Participants will:

* Learn/review basic tennis strokes!
* Be introduced/expand upon advanced tennis strokes and strategies! **Advanced participants can request to be placed in a higher-grade level’s group by providing evidence of recent lessons with their registration as proof of experience.**
* Improve their footwork!
* Participate in fun games!

***All participants will receive a clinic t-shirt if registered by Monday, May 9.*** *Participants that register after May 9 cannot be guaranteed a clinic t-shirt.*

**Check the following schedule to see when your class is offered (**based on **CURRENT GRADE**)**:**

CLINIC DATES (M-F) **MAY 23-27**:

Pre-K (4’s)/Kindergarten: 5 – 5:50 PM **($50)**

1st – 3rd grade: 5 – 6 PM **($60)**

4th – 6th grade: 5 – 6 PM **($60)**

7th – 8th grade: 3:50 – 4:50 PM **($60)**

Please go to **Facebook** and search/like **All-Star Comets Tennis** for session cancellations due to weather. Due to the clinic being an outdoor activity, if inclement weather arises, **at least four of the five clinic dates** will be completed. The clinic website can be found at: **http://gl-tennis.weebly.com**

**Make checks payable to/send to: Mike Richey**

**720 Green St.**

**Grand Ledge, MI 48837**

(Cut along line and keep the top portion for your records)

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***Please print when filling out the registration form.***

***Participant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_ (for the 2015 – 2016 school year)***

***May 23 – 27 Current grade: \_\_\_\_\_\_\_ Shirt Size (Y = Youth): YS YM YL S M L XL***

***Emergency contact name (REQUIRED): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Parent email (REQUIRED): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Contact phone number (REQUIRED): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

By signing this permission slip, you are stating that your child has permission to participate in this program and that he/she will be at the Grand Ledge High School tennis courts at the appropriate time. Also, you are stating that the Grand Ledge School District, Mr. Richey and any of the tennis instructors assume no liability for any injuries that occur as a result of participation in the program.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_