

## CITY OF LEXINGTON JUNIOR TENNIS PROGRAM PARKS & RECREATION DEPARTMENT

Ages: 4-18 years

**Beginner to Advanced** 

FOR QUESTIONS CONTACT: JAKE SAULSBURY (#)308-746-3543 (E):JSAULSBURY@CITYOFLEX.COM

#### **RED BALL BEGINNER TENNIS**

AGES 4-7 YEARS OLD

MINI TENNIS COURTS ARE USED WITH LOW COMPRESSION RED BALLS.
THIS CLASS WILL FOCUS ON A FUN INTRODUCTION TO TENNIS WHERE YOUR CHILD WILL KEEP
ON THE MOVE AND HIT A LOT OF TENNIS BALLS THROUGH DRILLS AND GAMES.

Time: 12:30 - 1:15 pm

Location: Plum Creek Park Tennis Courts

#### **ORANGE BALL TENNIS**

AGES 8-11 YEARS OLD

LOW COMPRESSION ORANGE BALLS ARE USED.

THIS CLASS IS FOR BEGINNER AND INTERMEDIATE 10 & UNDER PLAYERS TO LEARN STROKE DEVELOPMENT. MANY GAME-BASED DRILLS WILL BE FEATURED.

Time: 1:15 - 2:15 pm

Location: Plum Creek Park Tennis Courts

### MIDDLE SCHOOL BOY'S AND GIRL'S/ HIGH SCHOOL GIRL'S TENNIS

AGES 12-18 YEARS OLD

THIS CLASS IS A GOOD PLACE FOR EVERY LEVEL. IT IS FOR THE BEGINNER, INTERMEDIATE, AND ADVANCED HIGH SCHOOL PLAYER. THEY WILL LEARN STROKE DEVELOPMENT, HOW TO KEEP SCORE AND HAVE THE OPPORTUNITY TO IMPROVE AS A TENNIS PLAYER OR TRY TENNIS FOR THE FIRST TIME.

Time: 2:15 -3:30 pm

Location: Plum Creek Park Tennis Courts

CLASS DATES: (SUNDAY'S)
AUGUST 11, 18, 25
SEPTEMBER: 1, 8, 15, 29

COST: \$20 (INCLUDES A T-SHIRT)
PRE-REGISTER BY FRIDAY, AUG. 2 AT
GRAND GEN. CENTER, 407 E. 6<sup>TH</sup> ST.

INSTRUCTOR:
JAKE SAULSBURY
REC COORDINATOR



# CITY OF LEXINGTON JUNIOR TENNIS PROGRAM PARKS & RECREATION DEPARTMENT

Ages: 4-18 years

**Beginner to Advanced** 

LAST NAME:	FIRST NAME:
GENDER: MALEFEMALE	AGE:
SCHOOL:	GRADE:
STREET ADDRESS:	CITY:
STATE:	CELL #:
PARENT(S) NAME:	WORK TELEPHONE #:
EMERGENCY CONTACT NAME: CELL #:	
TENNIS CLASS: (CIRCLE ONE) RED BALL (4-7 YRS) ORANGE BALL (8-11 YRS) MIDDLE SCHOOL HIGH SCHOOL	
	COST: \$20.00
YOUTH: MEDIUM LARGE	
ADULT: SMALL MEDIUM	LARGE DAY TENNIS TOURNAMENT ENTRY
I GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN THE CITY RECREATION TENNIS PROGRAM. I RELEASE THE CITY OF LEXINGTON, LEXINGTON PUBLIC SCHOOLS, COACHES, SPONOSORS, ETC. FOR ANY AND ALL INJURIES IN WHICH MY CHILD MIGHT SUFFER IN CONNECTION WITH THE PROGRAM. I ALSO UNDERSTAND THAT NO MEDICAL INSURANCE IS PROVIDED BY THE CITY OF LEXINGTON.	
PARENT OR GUARDIAN SIGNATURE:	DATE:
CONTACT: JAKE SAULSBURY (#) CELL: 308	8-746-3543 (EMAIL) JSAULSBURY@CITYOFLEX.COM