



# Beginner's Tennis Lessons

For Students Who Will Be in Grades 1 Through 8 This Fall.

**Where:** Appleton North High School

**When:** Beginner's Tennis Lessons will be offered the week of June 17<sup>th</sup> through June 21<sup>st</sup>, 2019.

12:30-1:30pm (Grades 1-4)

1:30-2:30 (Grades 1-4)

2:30-3:30 (Grades 5-8)

**Class Information:** In these groups lessons, students will learn the fundamentals of tennis, including swing, serving, the basic rules, and tennis etiquette. All equipment is provided for the children, but children are welcome to bring their own racquets. Parents are welcome to stay to watch their child participate.

**Class Size:** Limited to 15 students per class on a first-come first served basis. Students can sign up for one session of classes. You will be called or emailed if the class is full and your child cannot be enrolled.

**Cost:** \$5.00, payment made at registration. Checks made payable to AASD.

**Expectations of Participant:** Participants must wear sneakers and bring a water bottle! Please apply sunscreen before attending.

**Sign up:** Register now – all classes fill quickly! Please fill out the registration form on the reverse side of this form(one per student), then mail the completed form(s) to:

**AASD Summer School Office-Tennis Class  
324 E. Florida Ave.  
Appleton, WI 54911**

If you want to receive a confirmation letter, please include a self addressed, self stamped envelope with your registration. Confirmation letters will be mailed out in June.

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**Please complete the registration form (one per student) on the back of this flyer. Thank you.**

# TENNIS LESSONS REGISTRATION FORM (APPLETON) FOX VALLEY SUMMER SCHOOL CONSORTIUM

Student Name \_\_\_\_\_ Gender: M / F Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Grade next Fall \_\_\_\_\_

My child is currently attending \_\_\_\_\_ school (name of elementary school).  
My child resides in the \_\_\_\_\_ school district (school district child where currently living).

Does this student have an IEP, Building Intervention Plan, or 504 Plan? \_\_\_\_ Yes \_\_\_\_ No (If yes, please explain): \_\_\_\_\_

*According to WI Dept of Public Instruction, summer school classes are not tailored to implement a student's IEP.*

**All Appleton School District policies for the regular academic school year regarding dress, behavior and school safety are in effect during Summer School. If you would like a copy of these policies, please contact the Summer School office.**

### EMERGENCY INFORMATION

Parent/Guardian Name \_\_\_\_\_ Phone # \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_ E-mail Address \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone # \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_ E-mail Address \_\_\_\_\_

If parent/guardian cannot be reached by phone, please contact:

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

Special Health Concerns/Medical Diagnoses:  
\_\_\_\_\_  
\_\_\_\_\_

Will your child have medications at summer school? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please provide the name of the medication(s): \_\_\_\_\_

Reason for Medication(s) \_\_\_\_\_

Time(s) medication is administered: Routine/Daily \_\_\_\_\_

As Needed \_\_\_\_\_ Emergency \_\_\_\_\_

(Please bring any medications to the site coordinator on the first day of summer school.)

Choice	Grade next Fall/ Time
	<b>June 17-21 from 12:30-1:30pm (Grades 1-4)</b>
	<b>June 17-21 from 1:30-2:30pm (Grades 1-4)</b>
	<b>June 17-21 from 2:30-3:30pm (Grades 5-8)</b>

**I hereby authorize summer school personnel to obtain emergency medical care for my child if needed.**

**Parent/Guardian** \_\_\_\_\_

Please return your registration form and fee to the Appleton Summer School Office, 324 E Florida Ave., Appleton, WI 54911. Don't delay – classes fill quickly! Any Questions? Call the Summer School office at 832-4976.