

Parkway Summer Tennis 2018

Classes meet 5 days a week Monday-Friday at Parkway South High School. Lessons and match play for all levels. Players will be grouped by their experience and ability. Sign up now to receive desired class! Early registration starts March 1st by calling Susan Barbee at 314-809-1561. Players who register by March 15th receive one 30min. private lesson with an instructor in April/May.

PROGRAM LOCATION: Parkway South High School, 801 Hanna Road, Manchester, Missouri.

CLASSES: June 4- July 6, 2018 (no tennis on the 4th of July)

8:00 – 9:00 Grades 1 - 5 (All Levels)

This class will consist of basic strokes, scoring and how to play a game.

9:00 – 10:00 Grades 6 - 8 Two classes within a class.

Beginners new to the sport and advanced beginners able to play a match playing full court.

Fee: \$180.00 \$200.00 after April 15th

June 4-July 6, 2018 (no tennis on the 4th of July)

10:00 – 11:30 Grades 9 – 12 This is class is an hour and half.

This a longer class designed to prepare players for JV and Varsity High School Team Competition. Players can expect cardio, strength, and agility conditioning, advanced skill and tactical concepts will be included. Students will be grouped by level of ability.

Fee: \$300.00 \$320.00 after April 15th

June 4-July 6, 2018 Open to Parkway District Students

11:30 – 12:30 Grades 9 – 12 (Advanced Coed League)

A class designed for competitive JV and Varsity high school players. Singles and doubles challenge matches, flights and open tournament formats.

Fee: \$180.00 \$200.00 after April 15th

**RAIN MAKE-UP DAYS WILL be on Saturdays if needed.*

Fees include tennis balls, group instruction, and tournament play. T-shirts will be ordered after program starts.

There is no high school credit given for this program.

Hours for the A+ program available for PSH student volunteers.

Students should wear tennis shoes, sunscreen, comfortable light clothing, and bring a tennis racquet and water bottle each day.

For more information contact Susan Barbee at 314-809-1561.

MAIL COMPLETED FORM AND PAYMENT TO:

PARKWAY SOUTH HIGH SCHOOL
Attention: Bookstore
Summer Tennis Program 2018
801 Hanna Road
Manchester, MO 63021

Student Name: _____

Grade/School (Fall 2018): _____

Address: _____

City: _____ Zip Code: _____

Phone# (Home): _____ Cell: _____ Work: _____

Phone# (Home): _____ Cell: _____ Work: _____

Parent/s E-Mails: _____, _____

Amount Enclosed: _____

Please indicate desired class or classes:

8:00-9:00 ____, 9:00-10:00 ____, 10:00-11:30 ____, 11:30-12:30 ____

Please make check payable to: **PARKWAY SOUTH HIGH SCHOOL** & Attach updated student medical form. Both must be completed before student may participate.

SUMMER SCHOOL STUDENT HEALTH INFORMATION

Please complete this Summer School Student Health Information form.

Pupil's Name:		M	F	Date of Birth: / /	
Parent/Guardian:		Home School:		Grade	
Address:	Phones:		Work ()		
	Home ()				
City/Zip:	Cell ()		Pager ()		
Current Day Care Provider:				Phone: ()	

Please provide health information to help us meet the needs of your child during summer school.

In the past year has your child experienced health problems, e.g. serious allergic reactions, asthma, ear or eye, cardiac, neurological, orthopedic, emotional or psychological problems or required surgery?

Health Problem	Date	Name of Care Provider (if still under care)

Please add any special directions for the School Nurse regarding the above listed problems.

List all current prescription and over the counter medications presently taken by your child. All prescription medications that need to be given at school, must be in a current prescription labeled bottle and accompanied by a parent note.

Name of Medication:	Prescribed by:	Date begun:	Dosage/Frequency:

Please state any other concerns you may have regarding your child, e.g. special health problems or behavior, equipment needs, medical treatment required, etc.

If you have questions, please call your current school nurse, or when summer school begins, your summer school office and ask for the nurse's office.

EMERGENCY AUTHORIZATION

IN AN EMERGENCY, I HEREBY AUTHORIZE THE SCHOOL TO MAKE SUCH ARRANGEMENTS AS NECESSARY.
I ALSO AUTHORIZE THE HOSPITAL/PHYSICIAN/DENTIST TO PERFORM NECESSARY PROCEDURES.

I prefer my child to be taken to _____ or a close-by hospital if necessary.

I UNDERSTAND THAT THE COST OF MEDICAL ATTENTION AND AMBULANCE ARE THE RESPONSIBILITY OF THE PARENT. My signature also indicates I have read and understand the information contained on page 2 of the 2015 Parkway Summer School brochure.

(Parent/Guardian Signature)

(Date)