



# SPOTSYLVANIA PARKS AND RECREATION DEPARTMENT

P.O. Box 28 Spotsylvania, Va. 507-PLAY (7529)

[www.spotsylvania.va.us/parksandrec](http://www.spotsylvania.va.us/parksandrec)

## Youth & Teen Team Tennis League

**Instructors:** Amos & Eula Best

**ACTIVITY # 413701-10**

All players will be active, have fun and make friends in a competitive tennis environment. Each player is assigned to a team close to their age group and selected by random draw during orientation. A team consists of mixed gender that range in ages from 8-18 years old. A minimum of 4 teams will be established. All team members are selected based on skill set, numbers of players and the team color which is determined by the coach(s).

Team matches consist of 3-5 game sets based on the number of players. The sets are singles, doubles, and mixed doubles. Drills and practices are given before matches begin. The matches are for eight consecutive days of play. The coach(s) reserves the right to change the rules at any time without notice.

**Prerequisite:** All players must have taken a beginner's tennis course. All players must provide own racquet.

**Program Dates:** Tuesday & Thursdays. - September 1 - 24, 2020

(Make-up days specified by instructors.)

**\*\*REQUIRED Program Orientation Thursday, August 27, 2020 4:30 p.m.\*\***

**SITE:** All matches will be held at the Loriella Park tennis courts.

**TIME:** 5 p.m. - 7 p.m.

**Age Requirements:** 8 - 18 yrs.

Participants must meet the age requirement by the scheduled program starting date. **AGE WAIVERS are not permitted. NO EXCEPTIONS.**

**Registration:** August 3 - 21, 2020

**Fees:** \$60 res. / \$70 non-res. (\$10 T-shirt fee collected at 1<sup>st</sup> meeting)

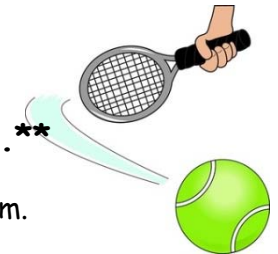
To register, complete the registration form and return it, along with the fee, to the Parks and Recreation Department located at Loriella Park. Birth Certificate required at the time of registration, if one is not already on file with the Department, for everyone under the age of 18. \$50 service charge on all returned checks. **2.75% NON-REFUNDABLE CONVENIENCE FEE CHARGED ON ALL CREDIT/DEBIT CARD TRANSACTIONS. \$10 Late fee applied to all registrations after the deadline.**

Register online at [www.spotsylvania.va.us/parksandrec](http://www.spotsylvania.va.us/parksandrec). A Household waiver must be completed and on file at the Parks and Recreation office prior to registering online.

**Withdrawals:** Those wishing to withdraw from the program must do so by contacting the Spotsylvania Parks and Recreation Department by August 21, 2020. Individuals should follow up their verbal cancellation with a written refund request. A 20% administrative fee will be charged on all refunds. Failure to attend first meeting does not constitute a proper withdrawal, and the participant will not receive a refund. No refund will be issued to individuals who contact the Parks & Recreation Department after August 21, 2020.

### **Inclement Weather**

**The instructor will reschedule postponed matches.** Postponements due to inclement weather will be placed on the Parks and Recreation Cancellation Line, 898-8546, as soon as a decision is made. Please listen to the message carefully.



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Leisure Activity/Class Registration Form

Please Print Legible-

First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_

Complete Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Is this a new address or phone number? \_\_\_\_\_ Email Address \_\_\_\_\_

Primary # \_\_\_\_\_ Secondary Contact # \_\_\_\_\_ Alternate # \_\_\_\_\_

Age (where applicable) \_\_\_\_\_ Birth Date \_\_\_\_\_

Birth Certificate is (circle one): On File Enclosed (A birth certificate must accompany this form if not already on file.)

Shirt Size (if applicable) (circle one): Youth Small (6-8) Youth Medium (10-12) Youth Large (14-16)

Adult Small (34-36) Adult Medium (38-40) Adult Large (42-44) Adult XLarge (46-48)

Medical conditions, injuries or allergies: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone \_\_\_\_\_

Class/Activity Name \_\_\_\_\_

Class/Activity Date (s) \_\_\_\_\_ Activity Number \_\_\_\_\_

Fee \$ \_\_\_\_\_ (Add \$10 if registering after the deadline date stated on front page of form)  
(\$50 Fee On All Returned Checks)

(2.75% Non-Refundable Convenience Fee Charged On ALL Credit/Debit Card Transactions)

Release of Claims: (Parent or Guardian must sign for those under age 18): I, the undersigned, do agree to indemnify and hold harmless Spotsylvania County, and the officers, employees and agents thereof, and Spotsylvania County School authorities, from any and all claims or liability, including attorney's fees and costs for any personal injury or other damage suffered as a result of participating in a program. I understand that if I withdraw from the class/program, I must do so by contacting the Spotsylvania Parks and Recreation Department by the registration deadline date stated on the front page of this form. I must follow up my verbal cancellation request with a written refund request. A 20% administrative fee will be charged on all refunds. I understand that if I withdraw from the program for any reason after the registration deadline, no refund will be available. Failure to attend a class/program does not constitute a proper withdrawal, and the participant will not receive a refund.

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

Print Name \_\_\_\_\_

Checks payable to "Treasurer, Spotsylvania County". (\$50 Fee On All Returned Checks)

**COVID-19 AGREEMENT (PLEASE READ CAREFULLY AND INITIAL):**

Activities will resume under guidance from the Commonwealth of Virginia and Spotsylvania County officials. Please note that classes, programs, facility rentals, special events and sports may be delayed, postponed, or cancelled if at any time new guidance is issued at the state or local level regarding the COVID-19 virus. \_\_\_\_\_ (primary guardian initials)

I understand that the above listed participant will not be able to participate if they are experiencing any of the following: cough, shortness of breath, fever or chills, sore throat, muscle aches, headache, or new loss of smell or taste. \_\_\_\_\_ (primary guardian initials)