

2010 First Serve Summer Tennis Camps

Emergency Information

Physician _____

Physician's Phone:(_____) _____ - _____

Emergency Contact _____

Emergency Phone:(_____) _____ - _____

I am enclosing:

- \$29.50 for a t-shirt, racquet, and instruction(1 child)
- \$24.50 for second or third child (families with multiple children-first timers)
- \$22.50 each for a t-shirt and instruction (no racquet)
- \$17.50 for each additional week (if you want your child to do a second/third week)

A total of \$ _____(please call 649-8815 if you have questions about fees)

- I would like to make an additional tax-deductible donation and am enclosing \$ _____. (Make checks payable to: FCA/1st Serve)

Release

I/We, the parents/guardians of the above-named youth give approval of any film, videotape and photographs of him/her to be used for promotion or information purposes of 1st Serve. Permission is given for the youth's participation in the 1st Serve Summer Tennis Camp. I/We assume all risks of injury from any activity, including transportation, connected with 1st Serve Tennis Camps.

In the event that I cannot be reached in an emergency, I agree to accept any and all determinations of need for medical assistance and/or administration of medical attention deemed necessary by 1st Serve representatives. I hereby give permission to the medical personnel selected by 1st Serve representatives to secure any and all advised hospitalization, medical, dental and/or surgical treatment. In the event that such medical attention is needed by a healthcare provider, all cost for such care shall be borne by the parent or guardian.

Parent/Guardian Signature _____

Date _____

2010 Summer Schedule

2010 Summer Schedule

Creekmore Tennis Center

June 7-11

8:30-9:30 a.m.

10:00-11:00 a.m.

Creekmore Tennis Center

June 14-18

8:30-9:30 a.m.

10:00-11:00 a.m.

Greenwood High School

June 21-25

8:30-9:30 a.m.

Ben Geren Tennis Center

June 28-July 2

8:30-9:30 a.m.

10:00-11:00 a.m.

Ben Geren Tennis Center

July 12-16

8:30-9:30 a.m.

10:00-11:00 a.m.

All camps are one week in length.

Monday-Friday

In case of inclement weather, call

(479) 649-8815



2010 First Serve Summer Tennis Clinics



Sponsored by
**Arkansas Fellowship of
 Christian Athletes**
 3200 Old Greenwood Road,
 Suite C
 Fort Smith, AR 72903

The goal of the 1st Serve Tennis program is to improve the health and well-being of our youth by introducing tennis as a "sport for life." Tennis is an inexpensive way for youth to have fun and exercise at the same time.

The Staff and volunteers of 1st Serve use the **Quick Start Format** with the support of the **Western Arkansas Tennis Association (WATA)** and the **Arkansas Tennis Association**. The Quick Start Format teaches the fundamentals of tennis quickly with heavy emphasis on fun and group activities, as opposed to formal instruction and drills.

Registration fees only cover a portion of the overall expenses to fund the **1st Serve Summer Tennis Camps**. Additional funding through corporations and individuals are needed. The expense of the program includes administration, instructors, transportation, racquets for first-time participants, tennis balls and t-shirts.

If you are interested in being a corporate sponsor of one or more camp participants or would like to make a donation of any amount, please call us or mail (with a notation) to FCA.

Arkansas FCA (479) 649-8815

jplummer@fca.org

2010 First Serve



Ages 5-16

Camp Fees

\$29.50 (includes racquet)

\$22.50 (does not include racquet)

\$5.00 off registration fee for each additional child in families of more than one child. (\$24.50)

Your child can participate in additional weeks for just \$17.50 per week. (no discount on additional weeks)

Please make checks to:

FCA/1st Serve Tennis

3200 Old Greenwood Rd.. Ste C

Fort Smith. AR 72903

Please complete both sides, tear off form and mail to FCA, 3200 Old Greenwood Road, Suite C, Fort Smith, AR 72903

2010 First Serve Summer Tennis Camps

Name _____

Gender: __ Male __ Female Birthdate ___/___/___

Age _____ **(must be 5 by June 7, 2010)**

Parent/Guardian _____

Address _____

City _____ State _____ Zip _____

E-mail _____

Day Phone (____) _____-_____

Mobile/Emergency Phone(____) _____-_____

Please indicate each clinic your child will attend:

- Creekmore-June 7-11(8:30-9:30)
- Creekmore-June 7-11 (10:00-11:00)
- Creekmore-June 14-18 (8:30-9:30)
- Creekmore-June 14-18 (10:00-11:00)
- Greenwood High School-June 21-25 (8:30-9:30)
- Ben Geren-June 28-July 2 (8:30-9:30)
- Ben Geren-June 28-July 2 (10:00-11:00)
- Ben Geren-July 12-16 (8:30-9:30)
- Ben Geren-July 12-16 (10:00-11:00)

Please check only one t-shirt size:

- YS (6-8) YM (10-12) YL (14-16)
- Adult Small Adult Med. Adult Large
- Adult XL