



# Boyd Tinsley Winter Tennis 2010

The Charlottesville Area Tennis Association (CATA) will again hold the Winter Excellence Program. The Boar's Head Sports Club has sponsored this program for the past 30 years.

This fun program offers the drills and training tailored to improve your child's level of play. The sessions involve in-depth stroke review and refinement and advanced stroke techniques. Game strategies are also covered in depth with emphasis on footwork and doubles play. Extensive drills are used to build consistency.

**Location:** **Boar's Head Sports Club**  
200 Wellington Drive  
Charlottesville, VA 22903

**Six (6) 1½ Hour sessions - Sundays**  
January 31; February 21  
March 7, 14, 21, 28

**Cost: \$150** If you are not a member of CATA, you can download the [membership form](#) from [www.charlottesvilleennis.org](http://www.charlottesvilleennis.org) and send it in with your registration. Some scholarship funds are available - make a note on your application if you are seeking assistance.

**Sessions:** #1 (2:00-3:30 pm) Beginner / Advanced Beginner  
#2 (3:30-5:00 pm) Beginner / Advanced Beginner  
#3 (5:00-6:30 pm) Beginner / Advanced Beginner / Advanced Training  
#4 (6:30-8:00 pm) Advanced Training

To register your child, please complete the form below, read and sign the Waiver, Certification and Consent, and mail, with your check payable to CATA, to Ron Manilla , Boars Head Sports Club, 200 Wellington Drive, Charlottesville, VA 22903, **by January 15, 2010**. For more information Ron Manilla at 972-2235 or email [Ron.Manilla@boarsheadinn.com](mailto:Ron.Manilla@boarsheadinn.com).

Please visit [www.charlottesvilleennis.org](http://www.charlottesvilleennis.org) for more information on local tennis programs and events.

**Participant's Name** \_\_\_\_\_ **Age** \_\_\_\_\_

**Street** \_\_\_\_\_ **City** \_\_\_\_\_, Va. **Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Parent's Email Address** \_\_\_\_\_

**Emergency Contact Name AND Phone** \_\_\_\_\_

**Circle desired Session:**

2:00-3:30 pm

3:30-5:00 pm

5:00-6:30 pm

6:30-8:00 pm

### Waiver, Certification and Consent

I hereby **waive** and release all rights and claims for damages that I may have against the Boar's Head Sports Club, CATA, Boar's Head Enterprises, all tennis instructors, and sponsors for any and all injuries that may be suffered by the above said participant before, during or after the session. I also do not hold the Boar's Head Sports Club responsible for any items that may be lost or damaged. I hereby **certify** that the participant is in good physical condition and may safely participate in the session. Any special medical conditions or needs have been

brought to the attention of the Program Director and medical personnel. I hereby **consent** to have participant photographed, videotaped and/or audiotaped during session activities, and consent that CATA may use any images so obtained for educational and/or public relations purposes.

**Parent/Guardian's Name (Please print)**

\_\_\_\_\_

**Parent/Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_