



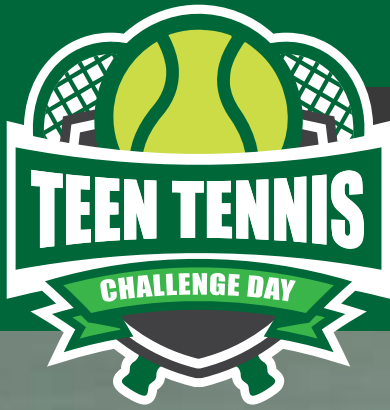
FALL 2019

## CHOICE HEALTH & FITNESS TEEN TENNIS CHALLENGE DAY

**Teen Tennis Challenge Days are designed for players at every level, from those just learning to compete to players who are already in competition. Teen tennis challenge days range anything from team, doubles, or individual challenge formats which allow players to play in a fun, non-threatening yet competitive environment. During the 2 - 3 hour events, participants are given the opportunity to play, which allows them to get ready for the next step of playing in sanctioned tournaments or if they are already competing, the events provide additional match play practice. Emphasis is placed on participation, effort, and sportsmanship.**



**CHOICE**  
HEALTH & FITNESS



Fall 2019



**Teen Tennis Challenge Day will feature fun challenge games, matches, prizes, and information about upcoming tennis programs at Choice!**

## **11 - 18 Match Play/Challenge Day**

**When:** Saturday, September 21st (*Registration Deadline: Wednesday, September 18*)  
Saturday, October 26th (*Registration Deadline: Wednesday, October 23*)  
Saturday, November 23rd (*Registration Deadline: Wednesday, November 20*)  
Saturday, December 21st (*Registration Deadline: Wednesday, December 18*)

**Time:** 4:00 – 6:00 PM

**Cost:** Members - \$15 / Non-Members - \$20

## **CHOICE TEEN TENNIS CHALLENGE DAY REGISTRATION FORM - FALL 2019**

PLEASE COMPLETE A SEPARATE FORM FOR EACH PARTICIPANT.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: M F  
Parent Name(s): \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Parent Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Alternate Phone # (work, mobile, etc.) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*I hereby acknowledge the health of my child, listed above, to be ready for vigorous activity and authorize the directors to secure any emergency treatment deemed necessary, and that I hereby release the Grand Forks Park District, Choice Health & Fitness and all employees, executors, and heirs from all claims for injuries, which may be sustained by my child while attending this program. I also understand that any medical bills incurred by my child due to injuries will be my responsibility or the responsibility of my family health insurance plan.*

Parent of Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_