

Portland Parks and Recreation  
PO Box 71  
Portland, CT 06480  
(860)-342-6757 (860)-342-6763 FAX

# FALL 2017

## Youth Tennis & Golf

**QuickStart Tennis** is an exciting new instruction and play format for learning tennis. It is designed to bring kids into the game by utilizing specialized equipment, shorter court dimensions and modified games tailored to any age and size of the player. This is a proven method to accelerate your child's development and enjoyment of the game. For more information, go to the [www.partners.quickstarttennis.com](http://www.partners.quickstarttennis.com).

Day: Tuesdays	Date: Sept. 12- Oct. 17	Fee: \$55
Grade K – 2 <sup>nd</sup>	Time: 5:45 – 6:30 pm	
Grade: 3 <sup>rd</sup> – 5 <sup>th</sup>	Time: 6:30 – 7:15 pm	
Grade: 6 <sup>th</sup> – 8 <sup>th</sup>	Time: 7:15 – 8:00 pm	

Site: Portland High School, Tennis Courts (PHS or PMS Gym if it rains)

### **JUNIOR GOLF WORKSHOP WITH GERRY D'AMORA (PGA GOLF PROFESSIONAL)**

This workshop is designed to acquaint participants with the game of golf. The daily schedule includes demonstrations, learning the rules of golf, golf skills & techniques, learning the short game (putting and chipping), golf etiquette, and a chance to walk and play Portland's Executive Course, Portland West. If you have clubs please bring them. Sneakers are allowed. The instructor will give a rain date. Min. 8 & Max. 10 Enrollments.

Day: Monday	Fee: \$75 per session
Site: Portland West	Dates: Sept. 11- Oct. 2
Time: 5:00 – 6:00pm	Age: 6 to 12 years old

In case of inclement weather, please call 860-262-7234

PORTLAND PARKS AND RECREATION

Po Box 71, 265 Main Street, Portland, CT 06480 Phone: 342-6757 Fax: 342-6763
www.portlandct.org

Participant's Name: Phone Number:

Street Address Apt. # Town: Zip Code:

Male: Female: Date of Birth School Grade:

Under 18 years old, please fill in parent information

Mother's Name Father's Name

Home Number E-mail Address:

Mom's Work Phone: Dad's Work Phone:

Mom's Cell Phone: Dad's Cell Phone:

If a parent is not available:

Emergency Contact: Relationship:

Home Phone # Work Phone: Cell Phone #

Child's Physician: Phone #:

\* If there are any medical concerns or allergies that we should be aware of, please list below:

In case of an emergency, may we transport via ambulance? Please circle: Yes No

Please list anyone who does not have permission to pick up your child (If this is a biological parent, a copy of the court order must accompany this form).

I give the Portland Parks and Recreation Dept. permission to use any photographs taken during the program to be used in any advertising, i.e. web site, program literature: Yes No

Table with 3 columns: Program(s), Date & Time, Fee. Rows 1 and 2.

TOTAL:

I hereby agree to hold harmless the Town of Portland and its agents for any accidental injury caused by participation in any Town of Portland sponsored activities. In signing this form, it is understood that Portland Parks and Recreation Department and the Town of Portland DO NOT assume responsibility for accidents and the participant(s) agree(s) to abide by all rules and regulations set by the Portland Parks and Recreation Department.

If under the age of 18 years old, please have parent or guardian sign;

Participant: (Print Name) (Signature) (Date)

