



# DIAMONDHEAD JUNIOR TENNIS LEAGUE

## 10 and Under Parent Coached League Program – Quickstart Format

### Sponsored by the Harrison/Hancock CTA



**WHY PLAY TENNIS:** Tennis is a lifetime sport that has been scientifically shown to develop discipline and work ethic as well as learn teamwork and social skills. Additionally, tennis helps improve aerobic and anaerobic fitness levels, increase speed and agility, develop strength and flexibility and refine eye-hand and overall body coordination.

**WHAT IS USTA JR. TEAM TENNIS:** USTA Jr. Team Tennis (Quickstart Format) is the largest youth tennis program in the country, helping girls and boys get on the court, and have a good time. It has been developed to give children the opportunity to play tennis as a team sport just the way they are able to play soccer, basketball, and baseball.

**WHO CAN PLAY:** The USTA Jr. Team Tennis (Quickstart Format) 12 and under is for girls and boys ages 4-12 that have never played tennis. Whether or not your child has ever held a racquet, there's a spot on the team for them.

**FEE:** Cost of the program is \$59. With this fee each child will receive his/her own racquet that they get to keep, a Nike Performance Tennis jersey, and a one-year USTA membership, and a one-year subscription to USTA magazine and Smash Magazine to go along with 4 detailed practice/match play.

**LEAGUE DATES:** May 8<sup>th</sup>, May 15<sup>th</sup>, May 22<sup>nd</sup>, June 5<sup>th</sup>. No play on May 29<sup>th</sup> due to Holiday Weekend.

**DEADLINE TO REGISTER:** May 1st

**SITE:** Diamondhead Tennis World

**ADDRESS:** 68198 Diamondhead Drive East

**CITY:** Diamondhead, MS 39525

**TENNIS PROFESSIONAL:** Steve Garman, 228-342-5124

**VOLUNTEER COACHES:** This program will be overseen by site coordinator Suzy Bowman, and volunteer parents will serve as the coaches for the teams. Certified USTA staff will train the parents on how to coach the teams, as well as supplying them with lesson/practice plans. There will be a certified teaching professional on site to help in proper training of each child.

**CONTACT INFORMATION:** Jr/Children's Program Director, HHCTA Suzy Bowman, 228-297-9920 or [hhcta\\_usta@yahoo.com](mailto:hhcta_usta@yahoo.com)

The mission of USTA Mississippi is to "promote and develop the growth of tennis", focusing on the establishment of competitive, developmental, educational and recreational programs for individuals of all ages and skill levels without regard to race, creed, color or national origin. USTA Mississippi also promote health, character, fair play, sportsmanship and social responsibility through tennis.

## Harrison/Hancock Community Junior Tennis League (Quickstart Format)

**Registration Deadline: May 1<sup>st</sup>, 2010**

Player's Name \_\_\_\_\_ Player's Home Phone \_\_\_\_\_

Player's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail (required) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Gender (circle one)  MALE or  FEMALE USTA Number \_\_\_\_\_ Exp Date \_\_\_\_\_

Skill Level (circle one)  Advanced  Intermediate  Beginner

T-Shirt Size (Youth/Adult Sizes Available, please circle size) **YOUTH:** Y-S Y-M Y-L **ADULT:** A-S A-M A-L

Parent/Guardian name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

In emergency contact \_\_\_\_\_ Relationship \_\_\_\_\_

I HEREBY GRANT permission for my son or daughter, to be photographed and/or videotaped by the USTA MS staff as well as the HHCTA staff in conjunction with activities associated with USTA Jr. Team Tennis, for the purpose of future USTA Jr. Team Tennis and other tennis related promotion/public relations opportunities. I expressly release and forever discharge the United States Tennis Association Incorporated and any of its authorized agents any and all claims and demands of any kind whatsoever in relation to, or arising out of, the use of my photographic image. I also don't hold the league administrators or Abbey Rd Athletic Club/Bayou Bluff Tennis Club/Biloxi Tennis Complex/Diamondhead Tennis World/Gulf Coast Tennis Club responsible for any type of injury that may occur due to my child's participation in this league.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PAYMENT INFORMATION (Please Circle One) CASH CHECK# \_\_\_\_\_ payable to Harrison/Hancock CTA or HHCTA**  
**MAIL CHECK TO: HHCTA/MATHEWS 17093 River Place, Vancleave, MS 39565**