

2021 Greenwood High School Summer Tennis Clinics

Location: Greenwood High School Tennis Courts

Instructors: Jeremy Runge – GHS Head Girls and Boys Tennis Coach

Contact Information: Jeremy Runge – Phone: 574-312-8059 / E-mail: jrunge@gws.k12.in.us

Clinic Goals: The focus for this summer will be shot structure, consistency, physical strength, mental toughness, and overall confidence for each individual player. Athletes will be challenged every lesson with specific drills, conditioning exercises (middle school and high school), and competitive point play.

Elementary and Middle School Available Dates and times

Monday- Thursday

Week 1: June 14—June 17

* Elementary clinic 8:00-9:00

Week 2: June 21—June 24

* Middle School clinic 9:00-10:00

***if rain occurs clinic is cancelled—there are no make-up days**

*Ask Coach Runge if there are any further questions

High School Open Facilities Available Dates and times

Monday-Thursday

Week 1: June 7—June 10

10:00-12:00

Week 4: (Tues-Fri) July 6—July 9

10:00-12:00

Week 2: June 14—June 17

10:00-12:00

Week 5: July 12—July 15

10:00-12:00

Week 3: June 21—June 24

10:00-12:00

Week 6: July 19 —July 22

10:00-12:00

***if rain occurs clinic is cancelled—there are no make-up days**

*Ask Coach Runge if there are any further questions

Payment: Each clinic (day) costs \$15 to attend. Payments must be made in the form of a check. Checks are to be made out to the Greenwood Athletic Department. Under memo write tennis clinic.

Please note: *Students who are in high school do not pay for clinic.*

To Register: Please Contact Jeremy Runge by e-mail to allow us to gather information on number of intended players, and separate the bottom of this form to bring to clinic. Bottom of form must be present on first day of clinic in order for players to participate that day.

Student Name: _____ **Grade:** _____ **Address:** _____

Parent(s): _____ **Phone #:** _____ **E-mail:** _____

I give permission for my son/daughter to participate in the Greenwood High School Summer Tennis Clinic. Upon signing this registration, I hereby give my child permission to participate and will assume all responsibility/liability in case of accident or injury.

Parent/Guardian Signature: _____ **Date:** _____