

HILLVIEW PTO TENNIS INFORMATION 2008

The after school tennis program is sponsored by the Hillview PTO, and is open to all Hillview students who are able to play a set of tennis and know how to keep score. The Hillview PTO hires exceptionally qualified coaches to conduct practices and matches. Parent coordinators administer the program and assist with coaching as needed.. They are Kim LeMieux lemieux@sbcglobal.net or 322-1480 and Brian Laporte brian.laporte@yahoo.com or 566-1633. Our Hillview Athletic Director is Harry Bell hbelle@mpcsd.org or 326-4341 ext 2811. There will also be two tennis coaches, one a pro, Andy Helppie-Schmieder (current Stanford Senior) and the other a high school tennis player (and former Hillview student), Amelia Bahr. This year we are also fortunate enough to have Linda Gates, former Stanford #1 player and Hillview parent, as part of the program.

Registration Deadline is Monday, March 3

Please return completed/signed registration form (see next page) and fee (payable to Hillview PTO) to the Tennis Box in the Hillview Office. We strongly encourage signups for athletes who want to develop a life-long appreciation of tennis. Due to court limitations, late registrants may be placed on a waiting list.

Tryout Schedule:

Tryouts to determine Varsity and Jr Varsity teams will occur Monday – Thursday, March 3, 4, 5 and 6, from 3:15-5:15 p.m. Players will be assigned two of the four tryout days, and can be altered in case of conflicts.

Mandatory Parent Meeting:

Parents must attend one of the mandatory meetings on Monday, March 3 or Tuesday, March 4, both at 5:15 p.m.

Practice Schedule:

Regular practices to begin Monday, March 10 from 3:15-5:15 p.m.

Jr. Varsity practices Mondays and Wednesdays. Varsity practices Tuesdays and Thursdays (2:15 p.m. start time on Thursdays).

No practices during Spring Break.

Location: Most practices will be on the Hillview outdoor tennis courts. A few may occur at Nealon Park or Oak Knoll School.

Match Schedule:

Varsity: Wednesdays and/or Fridays beginning March 21 - May 18.

Jr. Varsity: Mon/Tues/Thurs beginning April 3 - May 11: schedule TBD.

Location: Varsity & JV home matches at Nealon Park.

Matches typically last from 3:30-5:30 p.m.

Not all participants will play in all matches. Line ups will be determined by practice matches, skill level, availability, attendance, and attitude.

Please provide real tennis shoes (no black soles, cross-trainers, or running shoes) and a racquet. If you need help with equipment we can help.

All participants will receive a Hillview Tennis T-shirt.

HILLVIEW PTO TENNIS REGISTRATION 2008

Player's Name _____ Grade _____

Email _____ specify T-shirt size (xs – xxl) _____

Player's Address _____

Level of Experience (please check one): none _____ limited _____ recreational _____

Club/Clinics _____ Tournaments _____

Parent's Name(s) _____ Emails _____

Home & cell phones _____

Health Insurance Carrier _____ ID/Policy # _____

Emergency Person to reach if parent(s) are unavailable:

Name _____ Phone _____

Medical conditions that coaches should be aware of _____ (use back)

Are you available to help as a coordinator (usually snacks, rides, practices, etc)? yes _____

1. Fee enclosed \$ _____ (\$125 per player) payable to the Hillview PTO

2. I have been approved for free and reduced price meals and am requesting a scholarship.

Full? _____ Partial? \$ _____

3. I am happy to donate towards scholarships. Enclosed is my donation for \$ _____.

Please note specific conflicts/requests your child may have _____ (use back)

PERMISSION SLIP FOR PTO AFTER SCHOOL SPORTS

I WANT MY SON/DAUGHTER/LEGAL CHARGE, _____,

TO PARTICIPATE IN THE PTO AFTER SCHOOL SPORTS PROGRAM.

1. I UNDERSTAND THAT THIS ACTIVITY CAN BE DANGEROUS and that my son/daughter/legal charge could be injured even if the activity is conducted with due care by all concerned.

2. I am fully aware of the risks and hazards inherent in my son/daughter/legal charge engaging in this activity and I voluntarily elect, both on my behalf and on behalf of my son/daughter/legal charge, to have him/her engage in that activity, that the activity is such that my son/daughter/legal charge may be injured even if the School District, the PTO, and the City of Menlo Park utilize due care. I also know that the Menlo Park City School District, the PTO, and the City of Menlo Park are not a guarantor of my son/daughter/legal charge's safety and financially could not conduct this activity if it bore the risk of injury or death arising out of the same. THEREFORE, I WILL VOLUNTARILY ASSUME ALL RISKS OF LOSS, DAMAGE, INJURY OR DEATH to my son/daughter/legal charge arising out of his/her participation in this activity.

3. It is my intent by this clause to exempt and relieve the Menlo Park City School District, the PTO, and the City of Menlo Park its officers and agents, from any and all liability for personal injury, wrongful death or property damage arising out of my son/daughter/legal charge's involvement in this activity.

4. Further, on behalf of myself, my son/daughter/legal charge, and our personal representatives, assigns, heirs, and next of kin, I HEREBY RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE the Menlo Park City School District, the PTO, and the City of Menlo Park, its officers, employees, agents or representatives for loss or damage and any claims or demands therefore on account of injury or death to my son/daughter/legal charge, where such injury or death occurs during, by reason of or arising out of this activity.

Parent/Legal Guardian Signature

Date