

Hello Wilmington Island Tennis Players:

SATA had planned for a clinic series to start tomorrow.....Friday the 20th.....but because of problems with getting instructors together and on-line, we will not start until September 10th. We still have spots for the September 10th start. Please let me know if you are interested. The registration form is below.

PLEASE let me know if you have any questions.

Phyllis Greene, Community Tennis Coordinator  
Savannah Area Tennis Association  
CTA OF THE YEAR IN GEORGIA  
961-9862, 507-9862

[ctcsavannahga@att.net](mailto:ctcsavannahga@att.net)

An active lifestyle is a blessing  
and tennis can be a part of the blessing.

**Wilmington Park Homes after School, Fridays starting up again in August 20, 4:15 to 5:45.**

REGISTRATION FORM FOR SATA PROGRAMS AND CLINICS:

FEES -- Send your check made out to SATA and your registration form in to:

**SATA, 128 Brown Pelican Drive, Savannah GA 31419**

*(DO NOT RETURN YOUR REGISTRATION FORM OR CHECK TO YOUR SCHOOL OR TO P.O. BOX.)*

For more information call 961-9862 or e-mail [ctcsavannahga@att.net](mailto:ctcsavannahga@att.net)

USTA # (if you have one) \_\_\_\_\_ The Program I Am Signing Up For: \_\_\_\_\_

Name \_\_\_\_\_ Birthday \_\_\_\_\_ Male \_\_\_ Female \_\_\_

School \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

Address (street,city,zip) \_\_\_\_\_

Contact Info: (home phone & emergency phone) \_\_\_\_\_

**E-Mail Address (important for program communications)** \_\_\_\_\_

INFORMED CONSENT – NAME of Participant \_\_\_\_\_

Pre-existing medical conditions \_\_\_\_\_ I am (or my child and I are) aware that participating in any or all SATA tennis programs is a potentially hazardous activity. I assume all risks associated with participation in this sport, including but not limited to falls, contact with other participants, the effects of the weather, traffic, and other reasonable risk conditions associated with the sport. All such risks to me (or to me and my child) are known and understood by me. I understand this informed consent form and agree to its conditions on my own part (or on behalf of my child).I also understand that pictures may be taken of me (or of my child) while participating in the SATA program and I consent to the use of such pictures by SATA for the purposes of advertising tennis and tennis programs.

Participant or Parent/Guardian’s Signature: \_\_\_\_\_ Date \_\_\_\_\_

Important Notice: Regarding your e-mail address: Much of our contact with participants is through e-mail so providing your e-mail address is important. It is the policy of Savannah Area Tennis Association to not give out any of those e-mail addresses on our lists.