**2024 Greenwood Elementary**

**Winter Tennis Clinics**

**Location:** Greenwood High School Barn

**Instructor:** Trey Graft – GHS Boys Assistant Head Tennis Coach, IU East Tennis Alum

**Contact Information:** Trey Graft – Phone: (765) 546-8593 / E-mail: tgraft@gws.k12.in.us

**Clinic Goals:** The focus for this winter 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.

**\*Please contact Coach Graft if interested in attending, if numbers are not high he will cancel clinics.**

**Elementary School**

January and February

Time: Friday 5:00-6:00

**Week 1:** Jan. 5

**Week 2:** Jan 12

**Week 3:** Jan 19

**Week 4:** Jan. 26

**Week 5:** Feb. 2

**Week 6:** Feb. 9

**Week 7:** Feb. 16

**Week 8:** Feb. 23

**Payment: Each daily clinic costs $15 to attend. Please do not pay for more than one week at a time. 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.**

**To Register:** Please contact Coach Graft by e-mail to allow him 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.

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**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I give permission for my son/daughter to participate in the Greenwood Elementary School Winter 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**