

2023 Greenwood Elementary and Middle School Winter Tennis Clinics

Location: Greenwood High School Barn

Instructor: Zach Lester – GMS Boys Head Tennis Coach, Franklin College tennis alum.

Contact Information: Zach Lester – Phone: (317) 508-7068 / E-mail: zachlester8897@gmail.com

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 Lester if unsure of where your player should play (if beginner or more advanced).

Middle School

January: Monday and Friday

Time: 4:00-5:00

Last Week Jan/February: Monday and Tuesday

Time: 4:00-5:00

Week 1: Jan. 6 (Friday only)

Week 2: Jan. 9 and 13

Week 3: Jan 20 (Friday only)

Week 4: Jan. 23 and 27

Week 5: Jan. 30 and Jan 31

Week 6: Feb. 6 and 10

Week 7: Feb. 13 and 15

Week 8: Feb. 24 (Friday only)

Elementary School

January: Monday and Friday

Time 5:00-6:00

February: Monday Only

Time 5:00-6:00

Week 1: Jan. 6 (Friday. only)

Week 2: Jan. 9 and 13

Week 3: Jan 20 (Friday only)

Week 4: Jan. 23 and 25

Week 5: Jan. 30 and Feb. 1

Week 6: Feb. 6

Week 7: Feb. 13

Week 8: Feb. 27

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 Lester 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.

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

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

I give permission for my son/daughter to participate in the Greenwood Elementary and Middle 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:** _____