



## SPRING 2019

Thursdays March 7 – April 11

4:30 p.m. – 5:30 p.m.

CORTA’s “Ad In” tennis program offers an introduction to tennis as well as training and competition to children and adults with intellectual difficulties and physical handicaps. This program will be lead by trained and qualified coaches. Volunteers that have a passion for serving others and a love of the game of tennis will also be involved in this program.

**“Ad In” Skills Clinic** – This program is a 8-week clinic for the new player. We will use modified equipment to teach eye-hand coordination, footwork, mobility and basic skills in tennis. Athletes will receive much positive encouragement and nuturing to feel the rewards of learning to play tennis.

**“Ad In” Training Program** – This program is for athletes with experience who plan to train and play in the Special Olympics. Drills will improve tennis fundamentals and basic strokes, as well as rules and etiquette. Competiton will be taught using unified partners to ready these athletes for Special Olympics.

To register, either:

- Complete this form and submit to CORTA, P.O. Box 8236, Columbus, GA 31908
- Call 706-317-4136 to register by phone

I would like to register for: *(circle one)*

Skills Clinic

Training Program

Name \_\_\_\_\_ Male / Female

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email address \_\_\_\_\_ T-shirt Size \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Type of Disability: \_\_\_\_\_

Parent’s Name \_\_\_\_\_

The following is a release that we ask the parent/guardian to sign before allowing the minor child to participate in the program. I, the undersigned, will not hold CORTA or any individual acting on behalf of CORTA responsible for claims of physical injury or ailment incurred during the period of time that the minor child is participating in the “Ad In” Program. I hereby release CORTA and all individuals employed by CORTA from any and all responsibility for claims of physical injuries sustained by the minor child. I understand this is a physical activity and if necessary (due to any health problem the minor child may have or have had in the past), I will be responsible for obtaining approval from a physician before beginning this program.

Participant’s (Parent/Guardian) Signature \_\_\_\_\_ Date \_\_\_\_\_

<p><b>Office Use Only:</b></p> <p>Date _____ Release _____ FM _____</p>
---