



Inspire Resilience Confidence



[www.sawbridgeworthtennis.org.uk](http://www.sawbridgeworthtennis.org.uk)

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20<sup>th</sup> December 2019 **F&B SPRING TERM 2020 AFTER SCHOOL TENNIS CLUB**

Dear pupil

Sawbridgeworth Tennis Club will be running an after School tennis club indoors at the school. Sessions will run on Thursdays 3.15-4.15pm.

Sessions will aim to introduce all the skills needed to play tennis and other multi skilled sports; Balance – Co-ordination – Agility – motor skills – ball and racket skills – technique – Mental skills. All equipment will be provided however, you may bring your own racket if preferred.

Both myself and my assistant Bogdan Mehedinti are fully qualified licensed LTA coaches with an Enhanced DBS.

Sawbridgeworth tennis club has been recognised nationally as an academy for young talented tennis players and I have developed players through to ATP & WTA world tours including playing at Wimbledon. We are at the forefront of the LTA's aim to produce more world class tennis players and to introduce tennis to all young children, creating the opportunity for them to enjoy and play the game.

The Tennis club will begin on **Thursday 9<sup>th</sup> January** and will run for a total of 12 weeks with the final session on 2<sup>nd</sup> April. The sessions run from **3.15 –4.15pm**. The sessions will run in the school hall.

All children must be collected from the school Hall and signed for.

The term's cost is **£72-00**. Cheques should be made payable to **Ian Zellner**. Or, you may pay by BACS **Ian Zellner Account 90028983 Sort code 20-36-98**

**You can email the form to me once completed and BACS payment completed, or post to 21 Hoestock Road, Sawbridgeworth CM21 0DZ**



Please enrol \_\_\_\_\_ Year \_\_\_\_\_ d.o.b. \_\_\_/\_\_\_/\_\_\_ in the Fawbert & Barnard after school tennis club for the Spring term 2020.

Contact tel. no: \_\_\_\_\_ Address: \_\_\_\_\_ Post Code \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_

I give you permission to contact me re coaching YES/NO\*  
 I give you permission to administer any necessary minor first aid to my son/daughter. YES/NO\*  
 My son/daughter has special requirements regarding their health e.g. Allergies. If yes please list YES/NO\*  
 I have enclosed a cheque/cash/BACS online\* for **£72-00**

Parents signature \_\_\_\_\_ Printed name \_\_\_\_\_ \* please delete one option