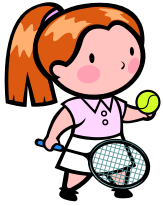


Summer Tennis Lessons

Instructor: Michaela Stoudemayer – Ridge High JV Tennis Coach



Pleasant Valley Park Tennis Courts
 July 11th - 14th, July 18^h – 21st & July 25^h – 28th



For Bernards Township Residents entering grades 3rd-8th

Maximum 18 participants per session

Please bring your own racket & 1 cylinder of tennis balls

Entering Grades 3-5

Session I: July 11th-14th - 2:30pm to 3:30pm
 Session II: July 18th-21st - 2:30pm to 3:30pm
 Session III: July 25th-28th - 2:30pm to 3:30pm

Entering Grades 6-8

Session I: July 11th-14th - 1:15pm to 2:15pm
 Session II: July 18th-21st - 1:15pm to 2:15pm
 Session III: July 25th-28th - 1:15pm to 2:15pm

Weather Cancellations: Classes will be cancelled when thunder, lightening, and/or heavy rain is present. Fridays, July 15th, July 22nd, & July 29th are reserved for make-ups at the end of each one week session. There will be no additional make-ups if more dates are cancelled due to weather.

\$60.00 per resident, per session. Proof of residency required. *Minimum 5 participants needed per session. Refunds, less a \$10 administrative fee per registrant, will only be processed if requested on or before 7/08/11.

You must be registered with the Recreation Department prior to attending the program. To register, complete the form below and mail with check made payable to "Bernards Township" to:
 Bernards Township Recreation "Summer Tennis Lessons"
 1 Collyer Lane
 Basking Ridge, NJ 07920

SUMMER TENNIS LESSONS REGISTRATION FORM

Complete one form & check per child, per program. Make checks payable to "Bernards Township Summer Tennis Lessons".
 Return to: Bernards Township Recreation, 1 Collyer Lane, Basking Ridge, NJ 07920.

Group (circle one): Grade 3-5 / Grade 6-8 **Session (circle):** I -\$60 II-\$60 III-\$60

Last name: _____ First name: _____ Male or Female: _____
 Address: _____
 Town: _____ Zip: _____
 Birth date: ____/____/____ Grade (Fall 2011): _____ School child attends: _____

	Father/Guardian	Mother/Guardian
Name		
Home Phone #		
Work Phone #		
Cell Phone #		
Email		

Please provide information for an emergency contact (other than parent) We will always attempt to contact the parent/guardian first.

	Emergency Contact	Medical, physical, behavioral, or mental health conditions we should be aware of:
Name		
Home Phone #		
Cell Phone #		

I hereby give permission for my child to participate in this program and give permission to provide emergency care as necessary for the well being of my child until such time as I may be contacted. I give permission for those individuals listed on this form to pick-up/release my child from the program. I agree that the Bernards Township Recreation Department shall not be held liable in the event of accident or injury resulting from participation in this activity. I grant the Bernards Township Recreation Department the right to use any and all photographs of myself or my child participating in a Department sponsored activity for future media promotion. I certify that I have read and understand the Recreation Department's registration, refund, youth sports and volunteer coach/coordinator policies.

Parent/Guardian Signature: _____ Date: ____/____/____

For office use only:	Cash _____	Ck. # _____	Received: _____
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