

Washington Borough Recreation Tennis Clinic

When: Monday July 21st through Friday July 25th: 9AM – 11 AM

Where: Warren Hills HS Tennis Courts (Washington Township)

Who: Boys and Girls ages 8-12

Cost: \$55 per child

Registration Deadline: July 16th !!!!!



Clinic Highlights: (WE ONLY HAVE ONLY 40 SPOTS!)

- Grouped by grade/or ability to ensure fun and competitive atmosphere
- Fundamental & Individual skills in: Basic strokes, footwork, serving and overall knowledge of the sport
- Daily contests
- Free Clinic T-Shirt at completion
- Daily snacks and drinks provided
- Washington Borough Recreation will provide the tennis racquets but bring yours if you have one!

Children will be responsible for: Must have sneakers and a hat or visor

Make checks payable to: Washington Borough Recreation

Mail or drop off payments to: Washington Borough Recreation, 100 Belvidere Ave. Washington NJ 07882

-----**Complete below and mail/Drop Off with Payment**-----

Child's name: _____ Gender: _____ Age: _____

Address: _____ Grade in Fall: _____

City: _____ State: _____ Zip: _____

Email: _____ **Phone:** _____

Emergency Phone: _____

Allergy/or Health Concerns: _____

Shirt Size – Check one - youth: (XS) _____ (S) _____ (M) _____ (L) _____ (XL) _____ (Adult S) _____

Will your child be bringing his/her racquet (Y) _____ (N) _____

Liability Release: We assume all risks and hazards incidental to such participation arising out of any and all activities whether the result of negligence or any other cause except to the extent and in the amount covered by excess accident and/or liability insurance held by the local league. We do hereby waive, release, absolve, indemnify and agree to hold harmless the members of the Washington Boro Recreation Department, coaches, organizers, sponsors, participants and persons transporting us and/or our child to and from sponsored activities.

We agree to return the uniform and any equipment issued to us and/or our child in as good conditions as issued, except for normal wear and tear or agree to pay replacement costs before we and/or our child will be eligible for future participation in Boro sponsored activities

PARENT/GUARDIAN/PARTICIPANT PERMISSION: If I, or the emergency contacts cannot be reached by phone I DO give my permission for the coaches to call a doctor, send to the hospital or doctor's office in case of an emergency.

PARENT/GUARDIAN _____ DATE _____

Fee paid \$ _____ Check # _____ Received by: _____ Date: _____

Washington Borough Recreation Department 100 Belvidere Avenue; Washington, NJ 07882 www.washingtonboro-nj.org

Parent Consent to use of Child's Images on the Washington Borough Website

From time to time, the Recreation Program records digital images of players participating in youth sports activities sponsored by the Borough to document the activities that are offered to Borough youth through the Recreation Program. The Borough desires to post these images on its website to promote the Recreation Program and its activities to the community. It is the Borough's intent to protect the privacy rights of our young players and their families by (1) prohibiting the posting of any young player's image or identifying information on its website without the express written permission of the player's parent(s); and (2) publishing young players' photos on the website only as a means of promoting the activities of the Recreation Program.

In furtherance of the Borough's goal of protecting the privacy rights of our young players and their families *no identifying information (name, age, etc.) will be included with any child's picture.*

Consent to use of child's Image on Washington Borough Web Site, Please check one box

Yes, the undersigned parent or legal guardian of _____ (player's name), agrees and consents to the posting of digital images of the player on the Washington Borough website that were taken in connection with programs or activities conducted by the Borough Recreation Program. The undersigned retains the right to refuse the posting of any particular image of the above named player, and to request the removal of any image at any time by contacting: _____.

No, the undersigned parent or legal guardian of _____ (player's name), DOES NOT consent to the posting of digital images of the player on the Washington Borough website that were taken in connection with programs or activities conducted by the Borough Recreation Program.

Signature of Both Parents or Legal Guardians/Date

Printed name of Parents or Legal Guardians