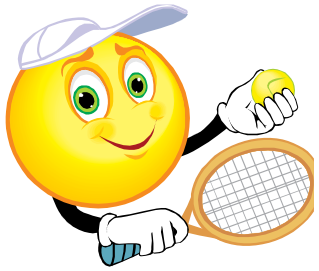
Washington Borough Recreation Tennis Clinic

2 age specific sessions available



Ages 8 – 12 : Monday July 25th thru Friday July 29th: 9AM – 11 AM

Ages 13 and up : Monday Aug 1st thru Friday Aug 5th: 9 AM - 11 AM

Where: Warren Hills High School Tennis Courts, Jackson Valley Rd

Cost: $55 per child **40 SPOTS AVAILABLE – SIGN UP EARLY**

Registration Deadline: July 18th!!! ***REGISTER ONLINE at*** **www.washingtonboro-nj.gov/recreation**

Clinic Highlights:

- Grouped by grade or ability to ensure a 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 must wear sneakers and a hat or visor **Make checks payable to:** Borough of Washington

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: _____

City: _____State:_____Zip: _____ Home Phone:_____

Email: _____Cell Phone: _____

Emergency Contact & Phone #: _____
Allergy or Health Concerns: _____

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

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_____

<< Office Use Only>> Fee paid $ _____Check #_____Received by: _____ Date: _____

Washington Borough Recreation Department 100 Belvidere Avenue; Washington, NJ 07882 • (908) 689-3600 ex 136