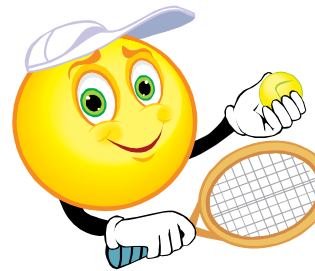


# Washington Borough Recreation Tennis Clinic

Open to Children ages 8 and Up –  
You do not have to live in Washington Borough to participate



Monday July 24th thru Friday July 28th: 9AM – 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 7th!!! **REGISTER ONLINE at [www.washingtonboro-nj.gov/recreation](http://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: \_\_\_\_\_