

Summer 2007

Junior Tennis Lessons

Presented By: Brian Maloney and Fanwood Recreation

FOREST ROAD PARK

SESSION 1 (June 25- June 28)

PROGRAM	TIME	DAYS	COST
Children (Tots 4-6yrs.)	9:00-9:45am	M,T,W,TH	\$60.00
Juniors (Beginner)	10:00-11:00am	M,T,W,TH	\$65.00
Juniors (Intermediate)	11:00-12:00pm	M,T,W,TH	\$65.00
Juniors (Beginner)	3:00-4:00pm	M,T,W,TH	\$65.00
Children (Tots 4-6yrs.)	4:00-4:45pm	M,T,W,TH	\$60.00
*Juniors Play Tennis	5:00-7:00pm	M,T,W,TH	\$110.00

*This class is NEW this year. It is designed for students to play matches while being supervised and instructed. The student must be 10 years or older and able to serve the ball. Play and learn match play!!

*All Programs, Times, Days and Cost are the same for Sessions 2,3,4,5, and 6.

SESSION 2 (July 9-July 12)

SESSION 3 (July 16-July 19)

SESSION 4 (July 23-July 26)

SESSION 5 (July 30-August 2)

SESSION 6 (August 6-August 9)

**Please send in registration information by June 21, 2006. Registration is on a first come first serving basis.

***Make-ups due to inclement weather will be held on Friday. Students need to bring a tennis racquet, a water bottle and wear sneakers.

Name _____ Phone _____ Age _____
Address _____ City _____ Zip _____
*****EMAIL _____
Parent(s) Name & Cell Phone _____
Allergies and or medical conditions _____

Program _____ Time _____ Session/s _____

****Please note: **There are no refunds for this program.** We will issue a credit for the next season only with a doctor's note. All adult students as well as parents of children 18 years of age or under must sign below when registering. I hereby give my self/child permission to participate in the Borough of Fanwood Tennis Program. I do not know of any injury or medical reason for myself/child not to participate in this program. I will be responsible for transportation to and from the program. This permission constitutes release of liability on the part of Fanwood Borough and Brian Maloney and any of their employees for any accident, injury, or any damage or loss incurred in this activity or any part of this program. I realize that I will be held liable for any damage myself/child may cause to the courts. Permission is granted for myself/child to receive emergency medical treatment if needed.

Adult/Guardian Signature _____ Date _____

TO REGISTER: Send this form along with full payment to Brian Maloney, 197 Vinton Circle, Fanwood, NJ 07023. Please make checks payable to Brian Maloney. Email bmaloney197@comcast.net for class or policy information.