

The Town of Clay Recreation Department
presents...

Quick Start Tennis



CENTRAL NEW YORK
TENNIS
ASSOCIATION



This new program is intended for junior tennis players 10 and under and 8 and under. Using modified nets, courts, rackets and T-shirts, young players enjoy a scaled down tennis environment where players can participate in match play from the first day. All the tennis equipment is provided for players and with quick start tennis player learn more through experience and fun.

The two three-week lesson leagues are:

Session I: July 6th-July 24th 2010

Session II: August 3rd – August 21st, 2010

FEE: **\$25.00** per session

Youth (ages 10 & under)-Tuesday-1:00-2:00 PM.

Youth (ages 8 & under)-Tuesday-2:00-3:00 PM.

To Register complete all required information on the back page and send completed registration form along with check made payable to: "Town of Clay Tennis" to:

Steve Cary, 832 Maryland Ave, Syracuse, NY 13210.

If you have any questions, contact Steve @ 729-9062 or email scary@nscsd.org.

Town of Clay Recreation and Human Resource – Youth Permission Waiver

I understand participation in (name of event) _____ may involve rigorous physical activity and risks of physical injury, and we assume these risks. I hereby give consent for emergency transportation and treatment in the event of illness or injury. I hereby accept responsibility for the payment of any emergency transportation or treatment on behalf of the participant. I further certify the participant is in good physical condition, and has no medical or physical conditions that would restrict his/her participation in this event.

(Parent/Guardian signature) _____ on this (Date): _____, 2010 does hereby covenant and agree to release and hold harmless the Town of Clay from and against any and all liability, loss, damages, claims, or actions (including costs and attorney fees) for bodily injury and/or property damage, to the extent permissible by law arising out of participation in (name of event) _____ during (dates) _____, 2010.

Pictures and other materials, which include my child, may be used for Town of Clay promotional purposes. There is no medical insurance carried by the Town of Clay for program participants. There are no refunds once a program begins. **REFUNDS IN FULL MAY BE GIVEN ONLY 48 HOURS IN ADVANCE OF PROGRAM START.**

Child's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____ Grade entering: _____

Home Phone # _____ Work Phone #: _____

Cell #: _____

Email Address: _____

Medical/Allergy History: _____

Additional Person/Phone # to contact in an emergency:

Check/Money Order #: _____ Cash Receipt # _____ Amount _____

Paid: _____

