



**Township of Cedar Grove  
Recreation Department**  
525 Pompton Ave. Cedar Grove, NJ 07009  
(973) 239-1410 x220

**Spring Tennis Clinic – Session I**  
**FOR CANCELLATIONS DUE TO INCLEMENT WEATHER;**  
**“LIKE” US ON FACEBOOK, [www.facebook.com/cedargroverec](http://www.facebook.com/cedargroverec) or**  
**“FOLLOW” US ON TWITTER, @CedarGroveRec or call #973-230-9944**

- **Who:** Children Ages 4-14 – Limited to 12 children per age group
- **Where:** The “Old” Courts located on Little Falls Rd.
- **When:** **Fridays; March 22-April 19**
- **Time:** Ages 4-6 – 3:45-4:30PM  
Ages 7-9 – 4:30-5:15PM  
Ages 10-14 – 5:15-6:00PM
- **Fee:** \$75.00/child-Late fee of \$10 after 3/8/19  
**NO REFUNDS AFTER 3/8/19**  
**CHECKS MADE PAYABLE TO TOWNSHIP OF CEDAR GROVE**

**Description:** Clinics will be supervised by veteran and accomplished player, Lynne DiGiacomo. These clinics are provided to teach and demonstrate the basics of the game and having fun while doing so! Participants will not be permitted to switch classes. You must only attend clinic on the day you have registered for. Children must bring a racquet. **RACQUETS ARE AVAILABLE FOR PURCHASE ON THE 1<sup>ST</sup> DAY OF EACH SESSION** (Approximate racquet cost is \$20).

**Spring Tennis Clinic – Session I - 2019**

NAME \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_ EMERGENCY CONTACT \_\_\_\_\_

EMAIL \_\_\_\_\_ PREFERRED HOSPITAL \_\_\_\_\_

Any Allergies/Health Conditions we should be aware of? (If Yes, explain) \_\_\_\_\_

**Playing Level/Racquet:** Beginner \_\_\_\_\_ Intermediate \_\_\_\_\_ Check here if you plan on purchasing a racquet? \_\_\_\_\_

I will not hold Cedar Grove Township, Cedar Grove Recreation or any of their representatives responsible for any loss or injury I may incur while playing or practicing. I am in good health and able to participate without restriction. I also authorize Cedar Grove Recreation Department personnel/coaches to contact appropriate emergency personnel, should I need medical assistance. In conjunction with the child’s participation in the recreation program, the Township may make or arrange to make certain images of a child or children participating in such activities, such as still photographs, video tapes or other recorded moving images. I consent to, give permission for and authorize the Township to use the images of the child.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**\$75.00**