



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

Suburban Summer Tennis Team

**FOR CANCELLATIONS DUE TO INCLEMENT WEATHER;
“LIKE” US ON FACEBOOK, www.facebook.com/cedargroverec or
“FOLLOW” US ON TWITTER, @CedarGroveRec**

- **Who:** Children Ages 8-15 – Includes t-shirt
- **Where:** Bowden Courts located on Bowden Rd.
- **When:** June 25 – July 26
Matches on Tuesdays & Fridays, practices TBD
- **Time:** Practices TBD – 1st practice will be held June 4th 6:00pm at
“Old Courts” located on Little Falls Rd. (rain date June 7th)
- **Fee:** \$80.00/child - - Late fee of \$10 after 6/14/19 – no refunds after 6/14
MAKE CHECKS PAYABLE TO TOWNSHIP OF CEDAR GROVE

Description: Practice and matches will be supervised by veteran and accomplished player, Lynne DiGiacomo. This is a more competitive Rec tennis team. You will play matches against, West Caldwell/Caldwell and Verona. Children must bring a racquet.
RACQUETS ARE AVAILABLE FOR PURCHASE ON THE 1ST DAY OF EACH SESSION (Approximate racquet cost is \$20).

Suburban Tennis Team – 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) _____

T-shirt Size (Team Only): Adult/Youth Small Medium Large

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 _____

\$80.00