



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

Fall Tennis Clinic

**FOR CANCELLATIONS DUE TO INCLEMENT WEATHER;
“LIKE” US ON FACEBOOK, 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:** Tuesdays **OR** Fridays
Tuesdays: Sept. 10-Oct. 8 **OR Fridays:** Sept. 13-Oct. 11
Please note this class is weather permitting, and make-ups may occur on different days than regularly scheduled.
- **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 9/13/19 – no refunds after 9/13
MAKE CHECKS 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 1ST DAY OF EACH SESSION** (Approximate racquet cost is \$20).

Fall Tennis Clinic – 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) _____

Chooses Session: TUESDAYS _____ FRIDAYS _____

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