

**MANSFIELD TOWNSHIP RECREATION ANNOUNCES
2015 FALL BEGINNERS TENNIS CLINIC**

WHERE: Public tennis courts on Port Murray Road, across from Comcast.

WHO: Children ages 5-12 interested in learning to play tennis!

PROGRAM: Jonathan Rosenblum, USTA Certified Coach, Member & Experienced instructor.

EQUIPMENT NEEDED: tennis racket, smooth-soled sneakers, water bottle.

Includes YOUR CHOICE of either:

6 SATURDAY MORNING CLASSES

Sept., 19th, 26th, Oct., 3rd, 10th, 17th and 24th

MORNING Class Times

(Ages 5 & 6) 9:30 - 10:00

(Ages 7-9) 10:00 - 11:00

(Ages 10-12) 11:00 – 12:00

OR:

6 TUESDAY EVENING CLASSES

Sept. *, 29th, Oct., 6th, 13th, 20th, 27th
and Nov 3rd *no class 9/22*

TUESDAY EVENING Class Times

ONLY (Ages 10-12)
4:30 – 5:30

OR:

6 THURSDAY EVENING CLASSES

Sept., 24th, Oct., 1st, 8th, 15th, 22nd, and 29th

THURSDAY EVENING Class Times

ONLY (Ages 7-9)
4:30-5:30

Also – 1 Free Tennis T-Shirt per child/season (Please list shirt size below).

COST:

Ages 5 & 6 (Saturday's Only) = \$26 per child

Ages 7-9, 10-12 = \$48 per child

PLUS \$10 PER CHILD FOR INSURANCE ***Per Season***

If the weather looks questionable, please call at Jonathan (908)797-3132 **8-10 children per class

PLEASE SEND FORM AND MAKE CHECKS PAYABLE TO: MANSFIELD TOWNSHIP RECREATION,
100 Port Murray Road, Port Murray NJ 07865. Attn: Tennis

-----Registration Form Below. *Mail to Township Address above* (KEEP TOP PART FOR DATES)

Registration Form (detach and mail with check to **Township Bldg.**, address above) **Child's T-Shirt Size**

Child's Name: _____ Age: _____ Day: _____ Time: _____

Child's Name: _____ Age: _____ Day: _____ Time: _____

Child's Name: _____ Age: _____ Day: _____ Time: _____

Address: _____

Emergency Cell Phone# _____ **Email** _____

Medical Concerns (Allergies, etc) _____

Clinic Fees _____ **(plus) + \$10 per child Insurance Fee** _____ **Total enclosed** _____

I agree to allow my minor child/children, listed above, to participate in the 2015 FALL Beginners Tennis Clinic. I agree to release, discharge and hold harmless Mansfield Township, the Recreation Committee, its officers, volunteers and staff. It is agreed that the accident insurance provided by Mansfield is excess coverage and not primary insurance, which shall be provided by the participant. In the event a claim is made to the excess insurance coverage, it shall be subject to a \$100 deductible per claim.

Parent / Guardian Signature

AND

Printed Name