

**MANSFIELD TOWNSHIP RECREATION ANNOUNCES  
2013 SPRING JUNIOR TENNIS PROGRAM**

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

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

**PROGRAM:** Jamie Rosenblum, USTA member and ranked tournament player, Captain Warren Hills Varsity Tennis Team. Experienced tennis instructor.

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

**SATURDAY'S**

**6 WEEK SESSION**

May 4

May 11

May 25

June 1

June 8

June 15

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

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

**Juniors** (Ages 10-12) ---11:00-12:00

**COST**

Pee Wee = \$24 per child

Beginner & Junior = \$46 per child

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

**\*Class size limit: 8-10 per class**

**\*\*If the weather looks questionable, please call at Jamie (908)797-3132**

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

**-----Registration Form Below. \*Mail to Township Address above\* (Keep top part)-----**

**Registration Form** (detach and mail with check to **Township Bldg.**, address above)

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Time: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Time: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Time: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency 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 2013 Spring Junior Tennis Program. I agree to release, discharge and hold harmless Mansfield Township, the Board of Recreation Commissioners, 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