

The Municipal Council
&
The Edison Recreation Department
in association with
Young's Tennis
present



2019 Fall Junior Tennis Program

For Children in Grades Kindergarten through Seventh Grades.

Get your kids involved in Tennis!!!
“The Sport of a Lifetime”

The Program begins Tuesday, September 24th, and ends Saturday, December 2nd.
at the **Minnie B. Veal Community Center**, as follows:

Minnie B. Veal Community Center Program Choice:

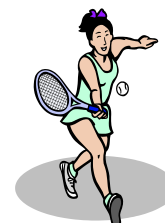
Tuesdays:	<u>Ages 5-7</u> - 4:30 p.m. - 5:30 p.m.	<u>Ages 8-11</u> - 5:30 p.m. - 6:30 p.m.
&		
Thursdays:		
Saturdays:	<u>Ages 5-7</u> - 9:00 a.m. - 10:00 a.m.	<u>Ages 8-10</u> - 10:00 a.m. - 11:00 a.m.
	<u>Ages 11+</u> - 11:00 a.m. - 12:00 p.m.	

The program will include movement training, physical conditioning, and stroke production. It will also emphasize sportsmanship and discipline. Regular attendance will help students to gain the qualities of a good tennis player. To participate in this program, each child is required to have their own tennis racquet. Racquets will be available for purchase on-site by Young's Tennis. Your cooperation and compliance is required.

Please complete and mail in the attached application and permission slip with a check or money order payable to “Young's Tennis” no later than Friday, September 20, 2019.

The cost for the (8) session tennis program is:

\$125.00



Please complete the application below and return to:
Young's Tennis, PO Box 1717, Plainfield, NJ 07060
Telephone #: 908-769-0283 or 732-248-7310
Youngs10s@Gmail.com

Child's Name: _____ Birth Date: _____ Grade: _____

Street Address: _____ City: _____ Zip Code: _____

I hereby give permission for myself/my child to participate in this activity and assume the risk thereof and I do agree for myself/my child at all times to keep the said Recreation Department, Personnel and the Township of Edison free, harmless and indemnified from any and all liability for any injury I/my child might sustain as the result of said participation. Photographs, videotapes, and audio recordings of the audio recordings of the participant, while participating in an Edison Recreation Department Program may be made. I hereby permit, consent and authorize such materials of myself/my son/daughter as an individual or part of a group with or without text, to be used for Edison Township Recreation Activities. It is further understood and agreed that Edison Township does not provide any insurance coverage for the participant or organization. **PLEASE PRINT CLEARLY**

Parent's/Guardian's Cell #: _____ Home #: _____ Work #: _____

Parent's/Guardian's Name: _____ E-Mail Address: _____

(Please Print Clearly)

Parent's/Guardian's Signature: _____

Please CHECK the Day and Time you prefer.

Minnie B. Veal Community Center Program Choice:

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Saturdays:	<u>Ages 5-7</u> - 9:00 a.m. - 10:00 a.m. _____	<u>Ages 8-10</u> - 10:00 a.m. - 11:00 a.m. _____
	<u>Ages 11+</u> - 11:00 a.m. - 12:00 p.m. _____	

ALL Classes will be instructed by Mr. Young