

Upper Freehold Township Recreation
2008 Spring Tennis Lessons
 At Byron Johnson Park (Ellisdale Road)
 INSTRUCTOR: HO SCOTT, PTR CERTIFIED TENNIS INSTRUCTOR

Please select one day and time of your choice:

YOUTH		\$92 (\$107 non-Upper Freehold Twp. resident fee)	
		April 16 - June 6 (8 Weeks)	
BEGINNER (6-8 Years):	Wednesday OR Friday	5:00-6:00pm	
BEGINNER (9-12 Years):	Wednesday	4:00-5:00pm	
BEGINNER/ADV BEG (9-12 Years):	Friday	4:00-5:00pm	
BEGINNER/ADV BEG (13-17 Years):	Wednesday	3:00-4:00pm	
ADVANCED BEG/INTERMEDIATE/H.S. PREP	Friday	3:00-4:00pm	
<p>Youth Lessons: Instructional program that includes stroke mechanics, footwork, scoring, placement and sportsmanship. Emphasis on fun and success.</p> <p style="text-align: center;">*ALL CHILDREN RECEIVE A T-SHIRT & MEDAL.</p>			
ADULTS 18+			
ADVANCED BEGINNER	\$105 (\$120 non-Upper Freehold Twp. resident fee)	April 16 - May 21	Wed 9:00-10:30am (6 Weeks)
BEGINNER	\$105 (\$120 non-Upper Freehold Twp. resident fee)	April 16 - May 21	Wed 10:30am-12:00pm (6 Weeks)
BEGINNER	\$98 (\$113 non-Upper Freehold Twp. resident fee)	April 16 - June 4	Wed 6:00-7:00pm (8 Weeks)
<p>Beginner: Instructional program for players just starting out or with limited experience. Advanced Beginner: For players able to rally but need work on stroke production and strategy basics.</p>			

Players must bring: Tennis racket and water bottle to each class. **Sneakers must be worn.**
Also, please bring a can of new, unopened balls to the first class only.

Register Early! Class sizes are limited.
NO REFUNDS ONCE CLASSES HAVE STARTED

Make checks payable to **Upper Freehold Township Recreation**
 Mail to Upper Freehold Township Recreation, 314 Route 539, P.O. Box 89 Cream Ridge, NJ 08514
 For more information, call the Recreation Dept. (609) 758-7738 ext. 212 or Ho Scott (609) 883-8456
www.uftnj.com

UPPER FREEHOLD TOWNSHIP REGISTRATION FORM - TENNIS LESSONS SPRING 2008

REGISTRATION: Class _____ Day _____ Time _____ Amount Enclosed \$ _____

Participant's Name _____ M/F _____

School _____ Grade _____ Age _____ Birthdate _____

Home Address _____

Home Phone _____

Mother's Name _____ Work/Cell Phone _____

Father's Name _____ Work/Cell Phone _____

EMAIL _____

Please list any medical condition/allergies that would restrict participation in any activity?

PARTICIPANT / PARENT WAIVER

I, the Participant/Parent if registrant above is under 18, realize there is a risk of being injured that is inherent in all sports and recreation activities. I hereby indemnify, hold harmless, waive and release any and all rights and claims for damages against the Township of Upper Freehold, the Recreation Division, and their agents, servants and employees, and other such individuals who may be involved in the planning and implementation of the program, for claims by participants, heirs, executors, administrators, or any other third party injuries that may arise from participation in this program, or acts of negligence arising out of this agreement. I also authorize the Upper Freehold Twp. Recreation Division to use any photographs, videotapes, or recordings of the participant named above as may be needed for public relations purposes.

Participant/Parent Signature _____ Date _____