

**MILLSTONE/ROOSEVELT PARKS & RECREATION
2007 SUMMER TENNIS REGISTRATION FORM**

470 Stagecoach Road, Millstone Township, N.J. 08510
Phone: 732-917-2954 Fax: 609-208-2083



Instructor: Ho Scott PTR, Certified Tennis Instructor 609-883-8456
Where: Rocky Brook Park
Date: June 18, 2007 — August 10, 2007
Bring: Tennis racket, water bottle & sunscreen
Registration Fee: \$125.00
Late Fee: All registration forms received after *June 8th* will be charged a \$30.00 late fee.

Please circle your selection.

JUNIORS

<input type="checkbox"/> Beginners (6—8 yrs)	Monday	3:30 — 4:30 PM
<input type="checkbox"/> Beginners (6—8 yrs)	Tuesday	9:00 —10:00 AM
<input type="checkbox"/> Beginners (6—8 yrs)	Wednesday	9:00 —10:00 AM
<input type="checkbox"/> Beginners (9—12 yrs)	Monday	4:30 — 5:30 PM
<input type="checkbox"/> Advanced Beginners (8 -10 yrs.)	Tuesday	10:00 AM - 11:00 AM
<input type="checkbox"/> Advanced Beginners (8- 10yrs.)	Wednesday	10:00 AM - 11:00 AM
<input type="checkbox"/> Advanced Beginners (10 -12 yrs.)	Tuesday	11:00 AM - 12:00 AM
<input type="checkbox"/> Advanced Beginners (10 - 12 yrs.)	Wednesday	11:00 AM - 12:00 AM
<input type="checkbox"/> Advanced Beginners (13 - 17 yrs.)	Monday	5:30 PM - 6:30 PM

ADULTS

Adv. Beginners: For players able to rally but need work on stroke production and strategy basics	Thursday	10:30 PM —12:00 PM
	Monday	6:30 PM — 7:30 PM
Intermediate: Well rounded players with excellent knowledge of the game.	Thursday	9:00 AM—10:30 AM

Registration fee: **\$125.00**

Late fee: All registration forms received after **June 8th** will be charged a \$30.00 late fee.

PLEASE PRINT:

Participant's Name _____ Male/Female _____ Grade _____

Street Address _____ City _____ Zip _____

Email _____ Height _____ Weight _____

Parent's Names (If participant is a child)

Emergency # _____

******Make checks payable to Millstone Twp. Recreation******

NO REFUNDS ONCE CLASSES HAVE STARTED

CONSENT AND RELEASE: I do hereby release, absolve and waive any and all claims or actions against this recreation program's organizers, sponsors, volunteers, officials, coaches, participants or other agents and employees arising out of the transportation, playing equipment, instruction, management, coaching, etc., in connection with the operation of this program. In the event of an emergency, accident, or injury which occurs while this person is participating in the recreation program to secure whatever emergency transportation, medical, and/or hospital care which may be necessary. I further agree to be financially responsible for such care and treatment.

DATE: _____ **SIGNATURE** _____