

# QuickStart and Junior Tennis

**Mondays, Wednesdays and Fridays**

## Session Dates

**Session 1:** July 6th – July 22nd

**Session 2:** July 25<sup>th</sup> – August 10<sup>th</sup>

**Ages 4 & 5 and Ages 6-8,** 3:00 pm - 4:00 pm (Mon, Wed, Fri)

**Ages 9 & 10,** 4:00 pm - 5:00 pm (Mon, Wed, Fri)

**Ages 11 - 13** 5:00 pm-6.00 pm (Mon, Wed, Fri)

**Cost For 8 Sessions:** \$200 member, \$230 non-member

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_, STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE # \_\_\_\_\_ EMAIL \_\_\_\_\_

SESSION \_\_\_\_\_

CREDIT CARD \_\_\_\_\_ EXP DATE \_\_\_\_\_

I HAVE READ AND ACCEPTED TERMS OF THE NMTSC DISCLAIMER CVC \_\_\_\_\_

SIGNATURE OF PARENT \_\_\_\_\_ DATE \_\_\_\_\_

I grant permission to the New Milford Tennis & Swim Club and its staff, including owners, to take whatever steps deemed necessary to administer or obtain emergency medical care for myself and/or for any child listed above for whom I am the parent or legal guardian.

Expenses incurred in obtaining emergency medical care will be borne by me. Photographs will be taken periodically at any given event. My signature represents my permission for New Milford Tennis & Swim Club to use photographs of any or all aforementioned members for marketing and publicity purposes including website posting. I understand such photographs will be taken in good taste and will not exploit any of its members. In the event that any member wishes the picture to be removed from ongoing media, the member may request in writing that such picture be removed and New Milford Tennis & Swim Club will comply as expeditiously as possible. I also understand that unless a specific achievement is being mentioned, no names will accompany pictures. (This paragraph is optional. If you choose not to participate, please strike through the entire paragraph.)