

**Midland Park Recreation  
TENNIS REGISTRATION FORM April 2010**

**TENNIS INSTRUCTION**    K-2 Clinic    Four sessions Saturday, April 24<sup>th</sup> – May 15th  
Dairy Street Tennis Courts

Maximum # of 5-7 students on each court. Space is limited, please register early. We supply all equipment. Please bring a water bottle each week. In inclement weather classes will be held in the DePhillips Community Center Gym located at 50 Dairy Street.

**\*\*Class confirmations will be sent by email only\*\*** Please keep the top portion of this form for date reference. Any questions call 201-652-2747 or email mprec@optonline.net.

Please Circle sessions your child would be able to attend in order of preference  
(1)Top Choice (2) or (3) **Email confirmation of time will be sent by April 12<sup>th</sup>**

12:00-12:45

1:00 – 1:45

2:00 – 2:45

CHILD'S NAME: \_\_\_\_\_ GRADE \_\_\_\_\_ Age \_\_\_\_\_

ADDRESS: \_\_\_\_\_ HOME # \_\_\_\_\_ Email \_\_\_\_\_

PLEASE CIRCLE SKILL LEVEL      1 BEGINNER      2 INTERMEDIATE      3 ADVANCED

ALLERGIES OR MEDICAL CONDITIONS: \_\_\_\_\_

WHERE PARENT'S CAN BE REACHED IN CASE OF AN ILLNESS OR EMERGENCY

NAME/RELATIONSHIP/PHONENUMBER: 1 \_\_\_\_\_

NAME/RELATIONSHIP/PHONENUMBER: 2 \_\_\_\_\_

DOCTOR'S NAME AND PHONE NUMBER: \_\_\_\_\_

**HOLD HARMLESS BOROUGH OF MIDLAND PARK:**

I \_\_\_\_\_, HEREBY ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO THE CONDUCT OF THE ABOVE ACTIVITIES. I HEREBY RELEASE, ABSOLVE, INDEMNIFY AND HOLD HARMLESS THE MIDLAND PARK RECREATION PROGRAM, THE ORGANIZERS, SPONSORS AND ALL SUPERVISORS, ANY AND ALL OF THEM.  
I GIVE MY ( ) SON ( ) DAUGHTER PERMISSION TO PARTICIPATE

PARENT SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_

**Mail in Registration to:** Borough of Midland Park, Attention Lori Dent Recreation, 280 Godwin Ave., Midland Park, NJ 07432. Checks made payable to Borough of Midland Park

**MY CHECK ENCLOSED INCLUDES**

**COST**

Tennis (\$40 per child, \$70 max per family)

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