

**MIDLAND PARK RECREATION DEPARTMENT IS SPONSORING A FALL
SATURDAY TENNIS INSTRUCTION PROGRAM
DATES: OCTOBER 2rd, 9TH, 16th, & 23rd
At the Dairy Street Tennis Courts**

The recreation department will supply all equipment, **please bring a water bottle to practice each week.** In inclement weather, please call the recreation line 15 minutes prior to class for cancellation notification 652-2747. Class make-ups will only be made for inclement weather.

Clinic times do not interfere w/ rec. or travel soccer program times

Time Slots: 10:00am-11:00am 4TH – 6th grade Intermediate & 7th – 9th grade Advanced Class
12:00am-1:00pm K – 3rd grade

Drop off or Mail Registration to Midland Park Recreation Att: Lori Dent Recreation, 50 Dairy Street, Midland Park, NJ 07432. Make checks payable to Borough of Midland Park

**PLEASE KEEP THE ABOVE INFO FOR START DATE REMINDER. TEAR OFF
REGISTRATION PORTION AND SEND IN WITH A CHECK FOR TENNIS ONLY**
Space is limited, **You will only be notified if classes fill or adjustments need to be made
to you child's time frame.**

PROGRAM COST \$40 per child, \$70 max per family
TOTAL AMOUNT ENCLOSED \$ _____

CHILD'S NAME: _____ GRADE _____ SEX _____

PLEASE CIRCLE SKILL: LEVEL 1 BEGINNER 2 INTERMEDIATE 3 ADVANCED

ALLERGIES OR MEDICAL CONDITIONS: _____

2nd CHILD'S NAME: _____ GRADE _____ SEX _____

PLEASE CIRCLE SKILL: LEVEL 1 BEGINNER 2 INTERMEDIATE 3 ADVANCED

ALLERGIES OR MEDICAL CONDITIONS: _____

PARENTS NAME: _____ **EMAIL:** _____

ADDRESS: _____ PHONE NO. _____

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: _____