



NJTL Summer TENNIS Program

Session I: June 6 – July 15
(6-weeks)

Returning \$75.00 // New \$85.00
ATC Clinic \$225.00 (half day) or \$425.00 (full day)

Session II: July 11 – August 12
(5-weeks)

Returning \$65.00 // New \$75.00
ATC Clinic \$200.00 (half day) or \$400.00 (full day)

REGISTRATION FEE

Includes any 2 days per week, essential supplies as needed (mask, sanitizer, gloves), tennis racquet rental, field trips, and end of session party

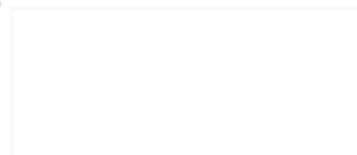
Monday & Wednesday (circle day(s))			
Dick Nichols Park	8011 Beckett Rd., 78749	9 am – Noon	<input type="checkbox"/>
Northwest Park	7000 Ardath St., 78757	9 am – Noon	<input type="checkbox"/>
Patterson Park	4200 Brookview Rd., 78722	9 am – Noon	<input type="checkbox"/>
Brentwood Park	6710 Arroro Seco, 78757	9 am – Noon	<input type="checkbox"/>
Tuesday & Thursday (circle day(s))			
Dick Nichols Park	8011 Beckett Rd., 78749	1 pm – 4 pm	<input type="checkbox"/>
Northwest Park	7000 Ardath St., 78757	1 pm – 4 pm	<input type="checkbox"/>
Patterson Park	4200 Brookview Rd., 78722	1 pm – 4 pm	<input type="checkbox"/>
Brentwood Park	6710 Arroro Seco, 78757	1 pm – 4 pm	<input type="checkbox"/>
Wednesday & Friday (circle day(s))			
Givens Park	3811 E. 12th St., 78721	9 am – Noon	<input type="checkbox"/>
Mary Moore Searight	907 W. Slaughter Ln., 78748	9 am – Noon	<input type="checkbox"/>

Special Site Austin Tennis Center – 7800 Johnny Morris Rd., 78724			
Session I	Full Day (8:30 am – 5:30 pm)	\$425.00	<input type="checkbox"/>
	Half Day (8:30 am – 12:30 pm) OR	\$225.00	<input type="checkbox"/>
	Half Day (1:30 pm – 5:30 pm)		<input type="checkbox"/>
Session II	Full Day (8:30 am – 5:30 pm)	\$400.00	<input type="checkbox"/>
	Half Day (8:30 am – 12:30 pm) OR	\$200.00	<input type="checkbox"/>
	Half Day (1:30 pm – 5:30 pm)		<input type="checkbox"/>



NJTL Summer Program

Registration



Guardian Name	First Name	Relationship

Address	City	State/Zip

Home Phone	Work or Cell Phone	Email Address

Emergency Contact	Phone Number	Relationship

Emergency Contact	Phone	Relationship

Medical Information & Waiver

Fee	Child Name	DOB	Allergy	Medication

*** **Medical Consent** *** YES NO

I give consent for any emergency medical treatment, operation, or anesthesia, which might be deemed necessary and agree to be responsible for all expenses and outcomes due to my decision.

In consideration of myself or my child(ren), being allowed to participate in the program sponsored by CTTA I, the undersigned parent/guardian, binding heirs, executors, administrators, estate and assigns, do hereby release and agree not to hold liable the CTTA and/or its officers, board, agents and employees; from any and all actions causes of action, claims, demands, costs or damages as a result of property damages or personal injuries or death sustained by me or my said child or his/her or my property, arising from or resulting from an act or omission, negligent or otherwise, of CTTA, programs, its officers, agents and employees or any other person or at any participant in the program while participating in the said activity or while traveling to or from the place at which such activity will be conducted.

Guardian Signature	Date	Total Due (per child/per session)