



## **NJTL Summer TENNIS Program**

**SESSION I:** June 7 - July 16 (6 weeks)

Returning \$75.00 // New \$85.00

**SESSION II:** July 12 - August 13 (5 weeks)

Returning \$65.00 // New \$75.00

### **REGISTRATION FEE**

includes essential supplies a needed (mask, sanitizer, gloves) tennis racquet rental,  
clinic t-shirt, field trips, and end of session party

<b>Monday &amp; Wednesday</b>			
Dick Nichols	8011 Beckett Rd., 78749	8:30 am – 10:30 am	<input type="checkbox"/>
Tanglewood Forest	9801 Curlew Dr., 78748	8:30 am – 10:30 am	<input type="checkbox"/>
Northwest Park	7000 Ardath St, 78757	9:00 am – 11:00 am	<input type="checkbox"/>
Ramsey Park	4301 Rosedale Ave, 78756	9:00 am – 11:00 am	<input type="checkbox"/>
Patterson Park	4200 Brookview Rd., 78722	10:30 am – 12:30 pm	<input type="checkbox"/>
Mary Moore Searight	907 W Slaughter Ln, 78748	11:00 am – 1:00 pm	<input type="checkbox"/>
<b>Tuesday &amp; Thursday</b>			
Bailey Park	1101 W 33 <sup>rd</sup> Street, 78705	9:00 am – 11:00 am	<input type="checkbox"/>
Brentwood Park	6710 Arroyo Seco St., 78757	9:00 am – 11:00 am	<input type="checkbox"/>
Mountain View	9000 Middlebie Dr., 78750	10:00 am - Noon	<input type="checkbox"/>
Enfield Park	2008 Enfield Rd., 78703	10:00 am – Noon	<input type="checkbox"/>
Anderson High School	8403 Mesa Dr., 78759	10:00 am – Noon	<input type="checkbox"/>
<b>Wednesday &amp; Friday</b>			
Highland Park	4900 Fairview Dr., 78731	9:00 am – 11:00 am	<input type="checkbox"/>
<b>Session I:</b> Full Day \$345.00 // Tennis Only \$180.00		<b>Austin Tennis Center (ATC)</b>	
<b>Session II:</b> Full Day \$310.00 // Tennis Only \$145.00		7800 Johnny Morris Rd., 78724	
		Monday - Friday	
Tennis Only		9:00 am – 10:30 am	<input type="checkbox"/>
Activity Time	Arts & Crafts Science/Reading/Math Club	11:00 am – 4:00 pm	<input type="checkbox"/>

For more information contact Ms. Sarah @ (512) 280-5800 or cttatennis512@gmail.com

Visit [www.cttatennis.org](http://www.cttatennis.org) for more details & Credit Card payments



# 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)