



NJTL Summer TENNIS Program

SESSION I: June 5 - July 7 (5 weeks)

Returning \$75.00 // New \$85.00

SESSION II: July 3 - August 4 (5 weeks)

Returning \$65.00 // New \$75.00

** Scholarships Available

REGISTRATION FEE

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

Monday & Wednesday			
Dick Nichols	8011 Beckett Rd., 78749	8:30 am – 11:30 am	<input type="checkbox"/>
Mary Moore Searight	907 W Slaughter Ln, 78748	9:00 am – 12:00 pm	<input type="checkbox"/>
Northwest Park	7000 Ardath St, 78757	9:30 am – 12:30 am	<input type="checkbox"/>
Enfield Park	2008 Enfield Rd., 78703	10:00 am – 12:00 pm	<input type="checkbox"/>
Tuesday & Thursday			
Bailey Park	1101 W 33 rd Street, 78705	8:00 am – 11:00 am	<input type="checkbox"/>
Anderson High School	8403 Mesa Dr., 78759	8:00 am – 11:00 am	<input type="checkbox"/>
Mountain View	9000 Middlebie Dr., 78750	9:00 am – 12:00 pm	<input type="checkbox"/>
Ramsey Park	4301 N. Rosedale Ave., 78756	9:00 am – 12:00 pm	<input type="checkbox"/>
Brentwood Park	6710 Arroyo Seco St., 78757	9:00 am – 12:00 pm	<input type="checkbox"/>
Austin Tennis Center (ATC) 7800 Johnny Morris Rd., 78724	Session I & II: (Circle) Monday - Friday	Full Day \$315.00 Half Day \$180.00	8:00 am - 5:00 pm <input type="checkbox"/> OR 8:30 am - 12:00 pm <input type="checkbox"/> 12:30 pm - 4:00 pm <input type="checkbox"/>

Special Sites Email CTTAtennis512@gmail.com for Approval and Special Registration Code.			
Dottie Jordan <input type="checkbox"/>	Duffie (formerly Rosewood) <input type="checkbox"/>	Pam Am <input type="checkbox"/>	Dove Springs <input type="checkbox"/>
Montopolis <input type="checkbox"/>	St. John's Rec <input type="checkbox"/>	Dittmar <input type="checkbox"/>	Little Stacy <input type="checkbox"/>
Joslin Park <input type="checkbox"/>	Tanglewood Park <input type="checkbox"/>		



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

Visit 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)