

Fairhaven Tennis Association Junior Tennis Registration Form – 2021

Session 1: 5/30/21 - 7/8/21

(Clinics will be limited in size and will follow the USTA Safety Guidelines)

Our tennis lessons are USTA Programs that get young people up and playing tennis within a short period of time. We use transitional balls and blended Quick Start Lines developed by the USTA. All clinics are kept small in size. Clinics are held at the Cushman Park courts in Fairhaven. For more detailed information, please visit our website at <http://www.fairhaventennis.org> and go to the **Junior Tennis Program** page.

Each session is 6 weeks long and takes place at the Cushman Park courts in Fairhaven.

Class:	Time:	Price (Sun, Tues, Thurs):
Red Ball - Introduction to Tennis (6-7 years old) <i>*A minimum of 3 students must be enrolled to offer this class.</i>	5:00-5:30 PM	\$24/48/72
Orange Ball - Early Intermediate	5:30-6:30 PM	\$48/96/144
Green Ball - Intermediate	5:00-6:30 PM	\$72/144/216
Yellow Ball - Advanced Intermediate	6:30-8:00 PM	\$72/144/216

We will make every effort to make up any clinics cancelled due to weather. Information on weather cancellations and make up is sent via email and posted on the Fairhaven Tennis Association Junior Program Facebook page. When necessary we will attempt to reach all parents by email and Facebook page: <https://www.facebook.com/fairhaventennis>

PLEASE PRINT CLEARLY.

Name of Child _____ Age _____

Relevant Medical issues _____

SESSION 1: 5/30/21 - 7/8/21

_____ **Red Ball** _____ **Orange Ball** _____ **Green Ball** _____ **Yellow Ball**

_____ **Sundays** _____ **Tuesdays** _____ **Thursdays**

TOTAL REGISTRATION FEE ENCLOSED: \$ _____

Parent/Guardian Name _____ # _____ Email _____

Important information continued on the next page.

I/we, the parent(s)/guardian(s) of _____ (print child's name), give my/our approval to participate in the Fairhaven Tennis Association Junior Tennis Program and give my/our approval for the above named child to participate in any Fairhaven Tennis Association activities. I/we understand the tennis program may result in serious injury and do hereby absolve, indemnify, agree to hold harmless the Fairhaven Tennis Association, coaches, instructors, and volunteers, for any claim arising out of an injury to my/our child, whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident and liability insurance.

Parent(s)/Guardian(s) Legal Signature _____

Parent(s)/Guardian(s) Printed Name _____

I/we, the parent(s)/guardian(s) of _____ (print child's name), give my/our approval to the Fairhaven Tennis Association Junior Tennis Program to the rights of my child's image, in video or still, and the likeness and sound of his/her voice as recorded on audio or video and give my/our approval that this content may be posted on the Fairhaven Tennis Association webpage and/or Facebook page.

Parent(s)/Guardian(s) Legal Signature _____

Parent(s)/Guardian(s) Printed Name _____

The Fairhaven Tennis Association is a volunteer, non-profit organization that runs on volunteer support. If you would be willing to help the program be the best it can be, please list your name.

Parent Volunteer Name _____

Please enclose a check made payable to "*Fairhaven Tennis Association*" for the registration total. Mail completed forms and check to:

**Fay Leung
243 Green St.
Fairhaven, MA 02719**