

Fairhaven Tennis Association Junior Tennis Registration Form - 2018

Our Beginner/Intermediate and Advanced Intermediate Programs 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 Cushman Park Courts in Fairhaven from April through October.

Clinics run five weeks on Sundays, Tuesdays, and Thursdays. Players can register for one, two, or three days per week. The cost per 5-week session is \$30, \$60, or \$90. One day per week for 5 weeks is \$30, two days per week for 5 weeks is \$60, and three days per week for 5 weeks is \$90. No make ups for the first clinic cancelled due to weather, but subsequent rain cancellations will be made up. Information on weather cancellations and make ups 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 e-mail and our face book page at <https://www.facebook.com/fairhaventennis/>**

Free drop in sessions are held on Saturday mornings for any currently registered players. These informal sessions are a great way to get even more court time.

PLEASE PRINT CLEARLY.

Name of Child _____ Age _____

Relevant Medical issues _____

SESSION - 5 ___ Beginner / Intermediate 4:00 – 5:00 pm _____ Advanced Intermediate 5:00 – 6:00 pm

___ **Sundays:** 9/16, 9/23, 9/30, 10/7 & 10/14 (\$30)

___ **Tuesdays:** 9/18, 9/25, 10/2, 10/9 & 10/16 (\$30)

___ **Thursdays:** 9/20, 9/27, 10/4, 10/11 & 10/18 (\$30)

TOTAL REGISTRATION FEE ENCLOSED: \$ _____

Name(s) of parent(s)/guardian(s) _____

Phone _____ Cell _____

Email _____

Preferred method of contact for weather cancellations: ___ email ___ text ___ Facebook post

Important information continued on 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 14 and under Junior Tennis Program and give my/our approval for the above named child to participate in any Fairhaven Tennis Association Activities. I/we understand 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 be photographed by the Fairhaven Tennis Association 14 and under Junior Tennis Program and give my/our approval for those photos to 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 out with the parents group to help the program be the best it can be, please list your name, availability, and preferred method of contact below.

Parent volunteer name _____

Availability: evenings weekends other: _____

Preferred contact method: email phone text

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

**Joanne St. Amand
7 Suzanne Way
Fairhaven, MA 02719**