

# HOPEWELL PARKS & RECREATION PRESENTS:

## FALL 2020 US Sports Institute Tennis Clinic

**Dates:** Saturdays, September 19th - November 7th

**Where:** Independence Park Tennis Courts

**Program Fee:** \$177

No walk-ons will be accepted.



### 5 Weekly Classes Are Available:

- SQUIRTS - ages 3-5, from 11:45am - 12:45pm
- FOUNDATION 1 - ages 5-8, from 1pm - 2pm
- FOUNDATION 2 - ages 8-10, from 9:15am - 10:15am
- FOUNDATION 3 - ages 11-14, from 10:30am - 11:30am
  
- ADULT - For adults ages 18 and older, from 8am - 9am

This program is run by USTA certified professional coaches in a fun and educational tennis environment. The sessions will include skills, drills, and enjoyable games for all residents. Age appropriate equipment is provided by US Sports.

**Registration Forms available at [recreation.hopewelltwp.org](http://recreation.hopewelltwp.org) or call the  
Recreation Department at 609-737-3753**



# HOPEWELL TOWNSHIP PARKS AND RECREATION DEPARTMENT

## Children's TENNIS CLINIC REGISTRATION FORM - FALL 2020

### Participant Information:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ 2020-21 Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City, state, zip

### Primary Contact (Parent or Guardian):

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Program Fee: \$177**

**Tennis Clinic**

Squirts (ages 3-5): 11:45am - 12:45pm

Foundation (ages 5-8): 1pm-2pm

Foundation (ages 8-10): 9:15am-10:15am

Foundation (ages 11-14): 10:30am - 11:30am

**Saturdays, September 19th - November 7th**  
**At Independence Park Tennis Courts**

### Refund Policy:

Refund requests MUST be made in writing or through email - refund amount will be determined by the number of days prior to the start of the program that notification is received. **45+days = Full Refund - \$35 admin. fee**

If you withdraw within less than 45 days from the start of the camp, you will either receive a percentage of your paid fee or will receive a **full refund - \$35 admin. fee** (whichever is less). Percentage fees will be calculated by the price of the clinic and will be as follows:

15-44 days = 75% refund; 6-14 days = 50% refund; 1-5 days = 25% refund; No refund once clinic begins.

*Registrants of all ages, by virtue of their participation, agree to be photographed and have pictures published as part of promotional and media campaigns unless we are formally notified in writing of your expressed desire to be excluded.*

**HOPEWELL TOWNSHIP HOLD HARMLESS AGREEMENT & MEDICAL RELEASE:** Participants assume all reasonable risks which may exist by virtue of participating in these activities and hereby indemnify, hold harmless, waive and release any and all rights and claims for damages against the Township of Hopewell, its agents, servants and employees, Hopewell Township Parks and Recreation, its agents, servants and employees, and other such individuals who may be involved in the planning and implementation of the program, for claims by participants, heirs, executors, administrators or any other third parties for injuries that may arise from participation in this program, or acts of negligence or gross negligence arising out of this agreement. I hereby further authorize emergency medical care for my child/children during attendance in any of the Hopewell Recreation programs. If, in the judgment of the staff, treatment is required for any injury or illness, I also hereby authorize the administering of anesthetics and recourse to other procedures deemed necessary by attending physician. I understand that whenever possible I will be notified prior to medical treatment of my child/children, or at the earliest possible time should prior notice prove impossible. I further understand that I am financially responsible for any medical expenses or emergency transportation incurred on my child/children behalf.

**Please be aware my child has the following medical conditions:**

\_\_\_\_\_  
**SIGNATURE OF PARENT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Make checks payable and send to:**  
**Amt. Remitted:** \_\_\_\_\_  
**Phone # (609) 737-3753**

**HOPEWELL TOWNSHIP PARKS & RECREATION DEPT.**  
**201 Washington Crossing-Pennington Road**  
**Titusville, NJ 08560**



**HOPEWELL TOWNSHIP PARKS AND RECREATION DEPARTMENT**  
**ADULT TENNIS CLINIC REGISTRATION FORM - FALL 2020**

**Participant Information:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City, state, zip

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Program Fee: \$177**

**ADULT Tennis Clinic**

**For Adults ages 18 and up**

**8:00am - 9:00am**  
**(8 week program)**

**Saturdays, September 19th - November 7th**  
**At Independence Park Tennis Courts**

**Refund Policy:**

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If you withdraw within less than 45 days from the start of the camp, you will either receive a percentage of your paid fee or will receive a **full refund - \$35 admin. fee** (whichever is less). Percentage fees will be calculated by the price of the clinic and will be as follows:

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