

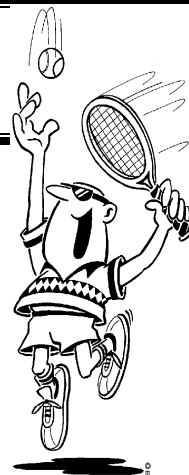
Milford Recreation Department

1 Union Square ~ Milford, NH 03055
Phone (603) 672-1067 ~ Fax (603) 673-2273

Summer 2007



Youth Tennis Lessons



WHO: Youth, must be 5 years old by session start **WHERE:** Keyes Field Tennis Courts
WHEN: Four Tennis Sessions offered, classes every 30 minutes
9:00 – 11:30 a.m. Mon.-Thurs. (Friday Rain Date) *No lesson 4th of July; makeup July 6

Session 1: June 25 - July 6*	Session 3: July 23 - August 3
Session 2: July 9- July 20	Session 4: August 6 - August 17

COST: Per Session-Milford Residents \$35, Non-residents \$45

TO REGISTER for LESSONS Pre-registration is required. Walk-ins are NOT accepted.

Registration deadline is the Monday before the start of each session. Every effort will be made to accept late registrations, if space is available. Mail in registration form or register in person at the Recreation Dept. or Keyes Pool (during season).

- **CLASS SIZES ARE LIMITED.** Registration is First Come, First Serve.
- **Please choose your sessions wisely.** Do not sign up for a lesson if you plan on missing more than two days in a session.
- Must provide a **clear copy of your child's proof of birth date** (birth certificate).
- Complete this Registration Form, with the PARENT or GUARDIAN SIGNATURE.
- Payment must accompany Registration Form. Checks are made payable to "Milford Recreation Dept." **RETURN CHECK FEE IS \$25.00**
- No Refunds once session commences.

Description of Tennis Lesson Program

Tennis Lessons are geared toward beginner and intermediate tennis players or those who have had no previous tennis experience. Students will learn the game and its fundamentals, hands-on, through fun games and drills. Skills taught include: scoring, forehand and backhand shots, volleys and serving. Participants will have fun learning and improving their tennis skills and meeting or making new friends. WEATHER always plays a factor in outdoor lessons! Our goal is to make every effort to conduct lessons. Please call the Keyes Pool or the Recreation Office when in doubt. The Friday of each week will be used for make-up lessons for bad weather cancellations only.

2007 RECREATION TENNIS LESSONS

**** One Form Per Child ****

NAME _____ DOB _____ MALE _____ FEMALE _____

Address, Town, Zip _____ Home Phone _____

Parent's Name _____ Parent's Work Phone _____

Family E-Mail: _____

Emergency Contact Name _____ Relation _____ Phone _____

CHOOSE SESSION (S): ☐ 1, June 25 – July 6 ☐ 3, July 23 – August 3 PREFERRED TIME: _____
 ☐ 2, July 9 – July 20 ☐ 4, August 6- August 17 2nd CHOICE TIME: _____

PLEASE DESCRIBE YOUR ABILITY LEVEL: _____

HEREBY GIVE MY PERMISSION for my son/daughter to participate in the Milford Recreation Dept program. I am aware of the hazards of the activity/sport and the risk of injury in these athletic and active programs. I assume all risks and hazards incidental to such participation, including transportation to and from activities, and I do hereby waive, release indemnify, and agree to hold harmless the said Town of Milford, its volunteers, staff and all sponsors for all liability for any and all loss or damage, and any claim arising out of injury to my son/daughter or property damage that might occur, whether caused by negligence of the Town, agents or employees, or during participation.

IN CASE OF EMERGENCY, I hereby give my permission to the program staff and medical personnel selected by the Recreation Dept and staff, in my absence, to act as my agent to apply simple first aid when necessary, or in the event of a more serious accident, for my child to be transported to an emergency medical facility to receive emergency medical treatment. I also authorize the medical personnel to administer such treatment as is medically necessary and I authorize the hospital to undertake examination and emergency treatment, if warranted, on behalf of my child. **IN THE EVENT OF AN EMERGENCY, EVERY EFFORT WILL BE MADE TO CONTACT PARENT/GUARDIAN.**

PLEASE LIST ALL MEDICAL CONCERNS or instructions the staff should know regarding your child's health on the back of this sheet (medications, allergies, behavior concerns, etc.)

Family Insurance Yes _____ No _____

Company Name & Policy _____

Parent/Guardian's Signature: _____ Date _____

For Office Use Only

Amount \$ _____
Cash ⇔ Check ⇔ _____