



**Spring Tennis Programs 2020**  
**West Orange Township Recreation Department**  
**& Professional Tennis Programs Inc.**

*Location: Rolling Green Hills (corner of Gregory Ave.)*  
[Director@professionaltennisprograms.com](mailto:Director@professionaltennisprograms.com) Or 973-723-9303

**Tennis for Tots:**

- "Tots" for ages 4-7 introduces your child to the basics of tennis. PTP's teachers emphasize that tennis is fun and exciting.
- Saturdays, April 11th – April 25th
- \$60.00
- Time: 8:45-9:30 a.m.

**Juniors Group Class:**

- PTP focuses on making classes fun, full of exercise and learning the games classical approach to stroke development.
- Classes will be meeting Saturday's, April 11th-April 25th
- \$65.00
- Time: 9:30-10:30 a.m. or 10:30-11:30 a.m. (Circle One)

**MAIL FORMS TO: PTP, 204 Intervale Rd., Mountain Lakes, NJ 07046**

**WO Rec Consent & Waiver Form Program: PTP Spring Tennis**

**Must Indicate: Tots \_\_\_\_\_ Junior \_\_\_\_\_ : Level Beg/Adv Beg/Intermediate**

**Circle One: Private, Semi Private or Make Your Own Group Lessons**

*PTP offers Adult lessons in the evenings or weekends Call for information.*

**Make Checks Payable to PTP**

Participant's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Adult: \_\_\_\_\_

School Child Attends: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Best Email Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent #1 : \_\_\_\_\_ Check One (V) M\_\_\_ F\_\_\_ Work/Cell

Phone: \_\_\_\_\_

Parent #2: \_\_\_\_\_ Check One (V) M\_\_\_ F\_\_\_ Work/Cell

Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Best Phone #: \_\_\_\_\_

**Consent & Waiver**

I give my permission for my child to participate in the WO Rec program designated above. I verify that the applicant is in good health and able to participate in vigorous activities. I hereby release PTP Inc., the West Orange Rec Dept., WO Board of Ed, the Township of WO, their organizers, servants, officers, volunteers affiliates and employees from any and all claims of action whatsoever arising out of participation in the above designated program. I understand that the parent and/or guardian is solely responsible for accidental, medical or dental expenses incurred as a result of participation in the above designated program. In the event of illness or injury to the applicant, I grant the program staff permission to provide emergency medical care. Further, I understand that the West Orange Rec Dept. follows a strict No Refund policy. Additionally, I give the West Orange Recreation Department permission to use my child's name and photographic image for any and all promotional uses.

**Parent/Guardian Signature: X** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**-----for office use only-----**

Fee Paid: Cash: \_\_\_\_\_ Check #: \_\_\_\_\_ Money Order #: \_\_\_\_\_

Parent's Driver's License #: \_\_\_\_\_ Child's Birth Cert. #: \_\_\_\_\_

Child's Report Card School: \_\_\_\_\_ Grade: \_\_\_\_\_

INFORMATION VERIFIED BY \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ rev 3/7/2020