YOUTH TENNIS LESSON APPLICATION

Class dates: Classes begin the week of September 15 and run for 5 weeks. No classes on 9/25, 9/26 or 10/13. Non-residents will be accepted starting September 11 as space permits, fee is $25 additional.

Registration Process: Submit a separate application for each person.

- Please indicate your class preference by placing the number "1" next to your first choice, number "2" next to your second choice, and so on.
- If you do not have a preference for one class over another, please put the same number next to those classes
- Please indicate **all classes** in which you can participate.

Tennis Tots Grade K
1/2-Hour Classes; Fee: $90

____Thursday 12:30 p.m.
____Thursday 1:00 p.m.
____Thursday 1:30 p.m.

Grades 1-2
1-Hour Classes; Fee: $110

____Monday 3:30 p.m.
____Tuesday 3:30 p.m.
____Wednesday 3:30 p.m.
____Wednesday 4:30 p.m.

Grades 3-4
1-Hour Classes; Fee: $110

____Monday 4:30 p.m.
____Monday 5:30 p.m.
____Wednesday 5:30 p.m.
____Thursday 3:30 p.m.
____Thursday 4:30 p.m.

Grades 5-6
1-Hour Classes; Fee: $110

____Tuesday 4:30 p.m.
____Thursday 5:30 p.m.

Grades 7-8
1-Hour Class; Fee: $110

____Tuesday 5:30 p.m.

Grades 5-8 INTERMEDIATE
1-Hour Class; Fee: $110

____Wednesday 6:30 p.m.

Participant's First Name _____ Participant's Last Name _____ Date of Birth _____

Email _____ Current Grade _____

☐ Female ☐ Male

Address _____

City/State/Zip _____

Phone Home Work Cell

Private lessons are available to permit holders only
Contact Margaret Brent-DeFilippo
967-5966
Fee: $20 half hour/$40 hour

As a participant in the above program, I recognize and acknowledge that there are certain risks of injuries, damages or loss which I or my child may sustain as a result of such participation. I further understand that the City of Rye **DOES NOT** provide medical coverage and it is my responsibility to provide appropriate coverage. I agree to waive and relinquish all claims and hold harmless the City of Rye, Recreation Department, its officers, agents and employees from any and all claims.

Parent/Guardian Signature: _____

PRINT Payer's Name: _____

❑ Make Check Payable to "City of Rye"

❑ Charge my Credit Card (circle one)➔ MasterCard Visa

Credit Card number

Expiration Date: _____ / _____
Month / Year

Security Code