

Fall Tennis Clinic

Instructor: Brandon Kornbluh, Certified Professional Tennis Instructor

This six-week Tennis program is geared towards our Pre-K to Elementary aged players. Coach K is a professional tennis instructor who is certified through USPTR (US Professional Tennis Registry).

Players must bring their own racquet.

Sundays September 13-October 18, 2026

Deadline Date September 8, 2026

Where: RSP Tennis Court, East Springtown Rd, L.V.

- ☐ **Beginners Tennis** **Ages 4-6** Time: 8:45am -9:25am Price \$130
- ☐ **Elementary Tennis** **Ages 7-10** Time 9:30am -10:20am Price \$160
- ☐ **High School Hopefuls** **Ages 11-14** Time 10:30am -11:30am Price: \$190



Payment Options:

- ☐ **Check** ☐ **Cash** ☐ **Credit Card** (2.65% convenience fee for credit card usage)

****Make check out to **WT Recreation** – Mail to 50 Rock Rd., Long Valley, NJ, 07853****

Website: recreation.wtmorris.org Email: recreation@wtmorris.net Office (908) 876-5941

Email: _____

Name of Child: _____ Age _____

Parent Name: _____

Emergency Contact _____ Emergency # _____

Medical Condition: _____

Unless otherwise noted as multi-generational, programs are **children-only** in order to gain the maximum benefit from instruction and peer interaction. If the participant has individualized needs due to a disability, please check the following and someone will contact you regarding reasonable accommodations. ☐ Yes, I will need to be notified regarding special considerations for my child. **Rules and Regulations:** Any complaints regarding the conduct of any instructor should be reported directly to the Recreation Director •Disrupting or interfering with the program of any participant is not permitted. Respect the rights of others by using courteous and appropriate behavior • Participants must conduct themselves in an orderly and appropriate manner • Participants must wear appropriate attire and footwear at all times •Failure to adhere to any policies may result in removal from the program and no refund will be offered• Participants participate at their own risk. • I understand that my child must be picked up by a parent or legal guardian, and they will not be released to anyone without written confirmation.

INITIALS SORRY NO REFUNDS

Signature: _____ Date: _____

LIMITED Enrollment-Register Early!

***** When paying online, please submit registration form via email *****

☐ **Participant Liability Waiver and Hold Harmless Agreement**

WASHINGTON TOWNSHIP RECREATION

Participant Liability Waiver and Hold Harmless Agreement (Parent/Guardian Consent for Minor Child)

Please read this form carefully and be aware that by registering/participating in the program(s), or by registering for participation in this program(s), you will be waiving your rights to all claims for injuries you might sustain arising out of this program(s). You will be required to indemnify, hold harmless and defend **Washington Township Parks & Recreation and Township of Washington, its directors, offices, agent, employees, volunteers, sports instructors, and any fitness/exercise instructors** for any claims arising out of participation in said program(s)

I _____, sign this Hold Harmless as my Voluntary act and by this act agree: As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury. I agree to assume the full risk of injuries, including death, damages, or loss which I may sustain as a result of participating in any and all activities associated with this program.

I further agree to indemnify, hold harmless and defend **Washington Township Parks & Recreation, Township of Washington, its directors, offices, agent, employees, volunteers, and any fitness/exercise instructors** from any and all claims from injuries, including death, damages and losses which may occur in any way associated with the activities of the program.

I agree to waive and relinquish any and all claims I may have arising out of, connected with, or in any way associated with the activities of the program.” In the event of any emergency, I authorize the Township of Washington and Washington Parks & Recreation dept. to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed reasonable and necessary for my immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have read, and fully understand, and agree to the above Participant Liability Waiver and Hold Harmless Agreement.

The Parent/Guardian and Participant have read and fully understand and agree to the above Participant Liability Waiver and Hold Harmless Agreement.

(Parent/Guardian)

Print Name: _____

Signature: _____ Date: _____

(Minor)

Print Name: _____ Date: _____

Washington Township Employee Only:

Employee Initial: _____ Date Received: _____

50 Rock Road • Long Valley • NJ • 07853

Phone: 908.876.5941 • Fax: 908.876.0029

Email: recreation@wtmorris.net • Website: recreation.wtmorris.org