



Summer Tennis Lessons

Instructor: Brandon Kornbluh, Certified Professional Tennis Instructor

Where: RSP Tennis Court, East Springtown Rd.
Deadline Date: July 10, 2024

Program Type	Dates	Time	Price	Age	Select
PRIVATE (1)	(FRI) 7/12,19 & 8/2,9	8-8:45am	\$500	Ages 7-9	<input type="checkbox"/>
SEMI PRIVATE (4)	(FRI) 7/12,19 & 8/2,9	8:50-9:20am	\$185.	Ages 4-6	<input type="checkbox"/>
SEMI PRIVATE (4)	(FRI) 7/12,19 & 8/2,9	9:25-10:25am	\$250	Ages 7-9	<input type="checkbox"/>
PRIVATE (1)	(FRI) 7/12,19 & 8/2,9	10:30-11am	\$315	Ages 4-6	<input type="checkbox"/>
SEMI PRIVATE (4)	(SUN) 7/14,21 & 8/4,11	8-9am	\$250	Ages 7-9	<input type="checkbox"/>
PRIVATE (1)	(SUN) 7/14,21 & 8/4,11	9:05-9:35am	\$315	Ages 4-6	<input type="checkbox"/>
PRIVATE (1)	(SUN) 7/14,21 & 8/4,11	9:40-10:25am	\$500	Ages 7-9	<input type="checkbox"/>
SEMI PRIVATE (4)	(SUN) 7/14,21 & 8/4,11	10:30-11:10am	\$185.	Ages 4-6	<input type="checkbox"/>
PRIVATE (1)	(MON) 7/15,22 & 8/5,12	2-2:30pm	\$315	Ages 4-6	<input type="checkbox"/>
PRIVATE (1)	(MON) 7/15,22 & 8/5,12	2:35-3:15pm	\$500	Ages 7-9	<input type="checkbox"/>
SEMI PRIVATE (4)	(MON) 7/15,22 & 8/5,12	3:20-4pm	\$185.	Ages 4-6	<input type="checkbox"/>
SEMI PRIVATE (4)	(MON) 7/15,22 & 8/5,12	4-5pm	\$250	Ages 7-9	<input type="checkbox"/>

Payment Options: (sorry no refunds)

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****

Email: recreation@wtmorris.net Office (908) 876-5941 Fax (908) 876-0029

Email: _____

Name of Participant: _____ Age _____

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.

Read and sign below: I am fully aware of the risks inherent and hereby give my consent for the above named registrants to participate in this activity offered by Washington Township Parks & Recreation. I hereby release Washington Township Parks & Recreation, any of its elected officials, employees, and volunteers from any and all liability from injuries, claims, demands, costs, loss of services, expenses or damages sustained by me, us or our minor children due to his or her participation in said event.

Signature: _____ Date: _____

LIMITED Enrollment-Register Early!

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

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 the **Washington Township Parks & Recreation and Township of Washington, its directors, offices, agent, employees, volunteers, 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 the **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 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 Initials: _____ Date Received: _____

50 Rock Road • Long Valley • NJ • 07853
Phone: 908.876.5941 • Fax: 908.876.0029
Email: recreation@wtmorris.net • Website: www.wtmorris.org