

**MANSFIELD TOWNSHIP RECREATION ANNOUNCES
2014 SPRING BEGINNERS TENNIS PROGRAM**

WHERE: Public tennis courts on Port Murray Road, across from Comcast.

WHO: Children ages 5-12 interested in learning to play tennis! **New for Spring** 13-14 year olds too!

PROGRAM: Jamie Rosenblum, USTA member and ranked tournament player, College Tennis Team.
Experienced tennis instructor.

EQUIPMENT NEEDED: tennis racket, smooth-soled sneakers, water bottle.

Includes YOUR CHOICE of either:

6 SATURDAY MORNING CLASSES

May 17th, 24th, 31st, June 7th, 14th and 21

MORNING Class Times

(Ages 5 & 6) 9:30 - 10:00
(Ages 7-9) 10:00 - 11:00
(Ages 10-12) 11:00 - 12:00
(Ages 13-14) 12:00 - 1:00 ****NEW GROUP**

OR:

6 TUESDAY EVENING CLASSES

May 20th, 27th, June 3rd, 10th, 17th and 24th

****OR****

****OR****

EVENING Class Times

No Ages 5 & 6
(Ages 7-9) - 5:30 - 6:30
(Ages 10-12) - 6:30 - 7:30
(Ages 13-14) - 7:30 - 8:30 ****NEW GROUP**

6 THURSDAY EVENING CLASSES

May 22nd, 29th, June 5th, 12th, 19th and 26th

Also New This Year - 1 Free Tennis T-Shirt per child/season (Please list shirt size below).

COST:

Ages 5 & 6 (Saturday's Only) = \$26 per child

Ages 7-9, 10-12 and 13-14 = \$48 per child

PLUS \$10 PER CHILD FOR INSURANCE

If the weather looks questionable, please call at Jamie (908)797-3132 **8-10 children per class****

PLEASE SEND FORM AND MAKE CHECKS PAYABLE TO: MANSFIELD TOWNSHIP RECREATION, 100 Port Murray Road, Port Murray NJ 07865.

-----**Registration Form Below. *Mail to Township Address above*** (KEEP TOP PART FOR DATES)

Registration Form (detach and mail with check to **Township Bldg.**, address above) **Child's T-Shirt Size**

Child's Name: _____ Age: _____ Day: _____ Time: _____ _____

Child's Name: _____ Age: _____ Day: _____ Time: _____ _____

Child's Name: _____ Age: _____ Day: _____ Time: _____ _____

Address: _____

Emergency Cell Phone# _____ **Email** _____

Medical Concerns (Allergies,etc) _____

Clinic Fees _____ **(plus) + \$10 per child Insurance Fee** _____ **Total enclosed** _____

I agree to allow my minor child/children, listed above, to participate in the 2014 Spring Beginners Tennis Program. I agree to release, discharge and hold harmless Mansfield Township, the Recreation Committee, its officers, volunteers and staff. It is agreed that the accident insurance provided by Mansfield is excess coverage and not primary insurance, which shall be provided by the participant. In the event a claim is made to the excess insurance coverage, it shall be subject to a \$100 deductible per claim.

Parent / Guardian Signature **and** Printed Name