

2015 Barrington Adult Tennis Programs

Drop In Adult Drill and Play Tennis Clinics

Join instructor Tony Cunha, USPTA for these high-energy fitness clinics that combine tennis with cardiovascular exercise for adults and high school students. It's a social and fun class for players of all ability. The clinic will also work on stroke technique, grips, and footwork. \$25 per clinic is due at the beginning of each class.

NOW THROUGH THE END OF APRIL

Saturday and Sunday mornings – two clinics
8:00 am – 9:30 am and / or 9:30 am to 11:00 am
\$25 per clinic
Tennis Clinic is located at Centre Court Tennis Club
55 Hospital Road
East Providence

Clinic will include 30-45 minutes of ground strokes and 45 minutes of game play competitive drills.
Students are placed based upon tennis experience and ability.

BEGINNING OF MAY THROUGH SUMMER

Tuesdays and Thursdays
6:00 pm – 7:30 pm
\$25 per clinic
Barrington High School Tennis Courts

Clinic will include 30-45 minutes of ground strokes and 45 minutes of game play competitive drills.
Students are placed based upon tennis experience and ability.

Minimum of 6 participants – not a teaching class
(Additional classes offered, based on demand)

Please submit completed waiver to instructor at your first clinic.

Barrington Recreation Department
Director: Michele Geremia
401.247-1900 x 381
Email: recreation@barrington.ri.gov
Located: Town Hall ~ lower level

Adult Waiver 2015 Sports Programs

In consideration of the use of the Barrington Middle School and its facilities, the undersigned agrees as follows:

1. **RISK FACTORS:** The undersigned understands and acknowledges that the use of equipment, facilities and services provided by the Town of Barrington Recreation Department involves risks such as, but not limited to, the following which might result from the use of equipment or facilities, from the activity itself, from the acts of others, or from the unavailability of emergency medical care - RISK OF PROPERTY DAMAGE, BODILY INJURY, AND POSSIBLE DEATH, and that he assumes all risks that arise from, but not limited to, those risk factors described above.
2. **RELEASE:** The undersigned releases the Barrington Recreation Department and the Town of Barrington, its employees and agents, and agrees not to sue them on account of or in conjunction with any claims, causes of action, injuries, damage, cost of expenses arising out of the activity, including those based on death, bodily injury or property damage whether or not caused by the acts, omissions or other fault of the parties being released.
3. **EMERGENCY TREATMENT CONSENT:** The undersigned, as a participant in the subject activity, hereby consents to medical treatment in a medical emergency where the undersigned is unable to consent to such treatment.
4. **ACKNOWLEDGMENT:** The undersigned has read and understands this agreement.

If under the age of 18, the waiver must be signed by a parent/legal guardian

Print: _____

Signature: _____

Date: _____

EMERGENCY CONTACT INFORMATION:

Name of Contact: _____

Phone Number: _____