

2014 BARRINGTON YOUTH TENNIS PROGRAM

DIRECTED BY
USPTA INSTRUCTION



Instructors, Tony Cunha, USPTA and Dee Burke will be conducting Tennis programs for ages 4 to 16 at the **Barrington High School tennis courts** in 3 summer sessions.

The goal of these sessions is to encourage tennis as FUN.
Participants will learn the skills of tennis from certified USPTA instructor and USTA Members.

Three 2-Week Sessions - Skill levels and age levels are split onto different courts

Monday - Thursdays 8:30 AM - 9:30 AM

➤ **Ages 4- 5 Fee: \$60 resident / \$75 non-resident Per Session**

Child must be at least 4 years as of January 1, 2014 and a copy of your child's birth certificate (required no exceptions).

Monday - Thursdays 8:30 AM - 11:00 AM

Fee: \$150 resident / \$175 non-resident Per Session

- Quick Start: Ages 6-11
The quick start tennis format is structured for kids beginning to learn tennis, rally and play quickly in a way that is both enjoyable and rewarding. Tailored to age and appropriate levels. Specialized equipment, courts, and balls to make the game more accessible and fun.
- Beginner & Intermediate Level: Ages 12-16
Stroke improvement, proper grip, consistency, and footwork through drills and games. Tailored to age and appropriate levels.
- Advanced Level: Ages 12-16
Developing technical, physical, and strategic skill of the player.

Sponsored by Barrington Recreation Department

Director: Michele Geremia

(401) 247-1925

Email: recreation@barrington.ri.gov

YOUTH TENNIS REGISTRATION FORM 2014

Deliver completed form(s) & payment to **Barrington Town Hall** (Attn: Recreation Department) or to the **Recreation Department** (located in the Barrington Library basement) 2 weeks before the start of the session.

Child's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Age: _____ Birth Date: _____ Grade (as of fall 2014): _____

Home Phone: _____ Cell Phone: _____

*Email: _____

Parent / Guardian: _____

***Email required, as we send all information via email.**

OK to use email address to hear about other Barrington Recreation events: Yes No

Monday to Thursday
Ages 4-5
8:30 - 9:30 AM

_____ Session: I	June 30 - July 3	July 7 - July 11
_____ Session: II	July 14 - July 18	July 21 - July 25
_____ Session: III	July 28 - August 1	August 4 - August 8

Fee & Payment Information

\$60 resident / \$75 non-resident - per session, per child
(Proof of residence required)

Session number(s): I _____ II _____ III _____

Amount Paid \$ _____ Check# _____ Cash _____
Check(s) made payable to Town of Barrington

- ❖ Make checks payable to "Town of Barrington".
- ❖ Attach registration form, fee information, and waiver form to be completed and payment made 2 weeks before start of program.
- ❖ This is a Town of Barrington Program.

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*Email required, as we send all information via email.

OK to use email address to hear about other Barrington Recreation events: Yes No

Quick Start: Ages 6-11 Intermediate Level: Ages 12-16 Advanced Level: Ages 12-16
(Circle one)

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WAIVER FORM

1. I, the parents/guardian of the name child(ren), hereby give my approval for his/her participation in any/all activities during the Barrington Recreation Department's 2014 programs. I assume all risks and hazards incidental to such participation, including transportation to and from such activities, and hereby waive, release, absolve, indemnify, and agree to hold harmless all individuals responsible for the conduct or activity involving my child(ren).

2. **MEDICAL CONDITIONS:** Also, I understand that registrations for children requiring special attention are reviewed on a case-by-case basis with the Recreation and program director(s). I understand that the Recreation Department does not receive specialized training for various special needs, but will work with individuals as appropriate. I will provide as much detail as possible, including any physical/emotional needs or medications involved so that the staff will be able to provide a positive experience for each child.

Medical Conditions and/or Food Allergies: _____

3. **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.

4. **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.

5. **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.

6. **ACKNOWLEDGMENT:** The undersigned has read and understands this agreement.

7. **WITHDRAWAL & REFUND POLICY:** An email or mailed written withdrawal request before the program begins will receive the full program fee, minus a \$30 processing fee. An email or mailed written withdrawal request between the first (1st) and fifth (5th) day of the program will receive half the program fee, minus a \$30 processing fee. An email or mailed written withdrawal after five (5) days of the program will receive no refund.

Parent / Guardian _____
Signature

Parent / Guardian _____ Date: _____
Please print

Child/ren Name(s) _____

EMERGENCY CONTACT INFORMATION:

Name of Contact: _____

Telephone: _____