

# 2015 Barrington Youth Tennis Program

Directed by  
USPTA instruction



Instructor, Tony Cunha, USPTA will be conducting tennis programs for ages 4 to 18\* at the **Barrington High School tennis courts** in 3 two-week summer sessions. Tony Cunha directs the recreational tennis program for the Town of Barrington. He is a USPTA certified pro who has instructed players of all ages and levels for more than 20 years. Tony draws on his training in secondary education to tailor lessons for kids of all ages and levels.

\*18 year olds must be *entering* 12<sup>th</sup> grade.

The goal of these sessions is to encourage tennis as FUN. Please bring a water bottle, snacks and appropriate attire.

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

### Monday – Thursdays 8:30 AM – 9:15 AM

- **Ages 4– 6 Fee: \$60 resident per session / \$75 non-resident per session**

Child must be at least 4 years as of January 1, 2015 and a copy of your child's birth certificate required (no exceptions).

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

- **Ages 7-18 (choose level below) Fee: \$175 resident per session/ \$195 non-resident per session**
- **Quick Start:** Ages 7-12  
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 12-14  
Stroke improvement, proper grip, consistency, and footwork through drills and games. Tailored to age and appropriate levels.

### Monday – Thursdays 11:00 AM - 1:30 PM

- **Advanced Level:** Ages 14 – 18 (18 year olds must be *entering* 12<sup>th</sup> grade)  
Developing technical, physical, and strategic skill of the player.
- Advanced level is appropriate for an active, experienced player (JV or above). If you are unsure of your child's skill level, please contact Tony Cunha at [acunha@cox.net](mailto:acunha@cox.net).

Sponsored by: Barrington Recreation Department  
Director: Michele Geremia  
(401) 247-1900 x 381  
Email: [recreation@barrington.ri.gov](mailto:recreation@barrington.ri.gov)

## Tennis Program Registration Form 2015 Ages 4-6 Only

Mail completed form(s) and waiver with payment to **Barrington Town Hall**  
Attn: Recreation Department 283 County Road Barrington, RI 02806. Or bring to the **Recreation Department** (lower level of Town Hall / cemetery side) by Tuesday before the start of the session.  
**PLEASE PRINT CLEARLY.**

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade (as of fall 2015): \_\_\_\_\_

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 through Thursday  
Ages 4 – 6  
8:30 – 9:15 AM

### PLEASE CHECK SESSION(S) BELOW

_____ Session: I	June 29 - July 2	July 6 - July 9
_____ Session: II	July 13 - July 16	July 20 - July 23
_____ Session: III	July 27 – July 30	August 3 - August 6

- You may select individual even number of weeks if needed- selection of at least two weeks in

### Fee & Payment Information

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

Amount Paid \$ \_\_\_\_\_ Check# \_\_\_\_\_ Cash \_\_\_\_\_

- ❖ Make checks payable to "Town of Barrington".
- ❖ Return registration form, waiver form, and payment by Tuesday before start of program.
- ❖ This is a Town of Barrington Program.

**Child must be at least 4 years as of January 1, 2015 and a copy of your child's birth certificate required (no exceptions).**

# Tennis Program Registration Form 2015 Ages 7 - 18

Mail completed form(s) and waiver with payment to **Barrington Town Hall**  
(Attn: Recreation Department) 283 County Road Barrington, RI 02806. Or bring to the **Recreation Department** (lower level of Town Hall / cemetery side) by Tuesday before the start of the session.  
**PLEASE PRINT CLEARLY.**

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade (as of fall 2015): \_\_\_\_\_

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 through Thursday Ages 7-18 (18 year olds must be *entering* 12th grade)  
Quick start and Beginner / Intermediate level program time is 8:30 – 11:00 AM  
Advanced level program time is 11:00 am – 1:30 pm

**Please circle your child's level below and check session(s)**

Beginner /

Quick Start Level: Ages 7-12 Intermediate Level: Ages 12-14 Advanced Level: Ages 14-18

\_\_\_\_\_ **Session: I**                      **June 29 - July 2**                      **July 6 - July 9**

\_\_\_\_\_ **Session: II**                      **July 13 - July 16**                      **July 20 - July 23**

\_\_\_\_\_ **Session: III**                      **July 27 – July 30**                      **August 3 - August 6**

- You may select individual even number of weeks if needed – selection of at least two

## Fee & Payment Information

\$175 resident / \$195 non-resident - per session, per child  
(Proof of residence required)

Amount Paid \$ \_\_\_\_\_ Check# \_\_\_\_\_ Cash \_\_\_\_\_

- ❖ Make checks payable to "Town of Barrington".
- ❖ Return registration form, waiver form, and payment by Tuesday before start of program.
- ❖ This is a Town of Barrington Program.

# Camp 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 2015 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 (1<sup>st</sup>) and fifth (5<sup>th</sup>) 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: \_\_\_\_\_