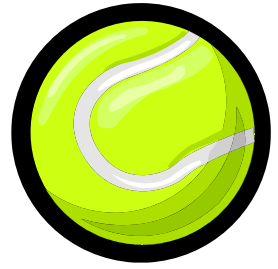


**LUMBERTON RECREATION
YOUTH QUIK START
TENNIS PROGRAM**



PLACE: Bryan Freeman Park
DATES: Tuesday's & Thursday's April 26 - June 2, 2011
TIMES: 4:00 – 4:50: 5 – 6 years old
5:00 – 5:50: 7 - 9 years old
6:00 – 6:50: 10 – 14 years old
FEE: \$60
INSTRUCTORS: IKE JOHNSON, CERTIFIED INSTRUCTOR

In the event of rain please check your email and answering machine for possible cancellation of class which will be rescheduled

PLEASE REMOVE AND KEEP THE TOP PORTION

YOUTH QUIK START TENNIS PROGRAM

Please check here if you **do not** wish to be included in our electronic Recreation Newsletter_____

Players Name _____ Birth Date: _____ Age: _____
Address _____ Gender: M F
E-Mail Address: _____ Current Grade _____
Parent/Guardian Names: _____
Home Phone # _____ Cell# _____
Players Physician _____ Telephone # _____
Emergency Contact _____ Telephone # _____

Any Medical Concerns or Physical Restrictions or Allergies? Please list _____

I DO DO NOT (circle one) give permission to have my child appear in any media coverage of the Lumberton Recreation Tennis Program.

PLEASE READ/SIGN I _____ **am registered to participate in all activities of the above program. In case of emergency, I authorize the program's assigned personnel to administer first aid treatment, transport me or my child to the closest hospital (if I am not present) and notify my family as quickly as possible. I understand that proper supervision is provided for all programs. However, in the event of an emergency due to accidents beyond their control, I hereby release Lumberton Department of Recreation, its supervisors, employees, sponsors, volunteers and instructors from all liability.**

Signature

Date

*Please reference the website – www.lumbertontwp.com for *return check* and *refund policies*.
There is a \$20 return check fee.

Date Pd: _____

Rec'd by: _____

Check# _____

Amount \$ _____