



P O Box 142
Waverly PA 18471
570-586-8191

SUMMER 2017 TENNIS PROGRAMS at the Waverly Community House

June 26 through August 4, 2017

Team Tennis Instruction

Name _____ Date of Birth _____

Parent/Guardian: _____

Address _____

Phone _____ Alternate Phone _____

Email _____

TENNIS CLINICS REGISTRATION FORM

Clinic Instructors: Team Instruction by High School Tennis Team Players and Instructors

Beginners 1-2 pm
Fee: \$60.00

Advanced Beginner 2-3 pm
Fee: \$60.00

Intermediate Round
Robin Format

| DATE | BEGINNER | ADVANCED BEGINNER | | Total Payment |
|-----------------|--------------------------|--------------------------|------------------------|---------------|
| June 26—June 30 | <input type="checkbox"/> | <input type="checkbox"/> | Yes! I am interested | |
| July 3—July 7 | <input type="checkbox"/> | <input type="checkbox"/> | In learning more about | |
| July 10 -14 | <input type="checkbox"/> | <input type="checkbox"/> | this new Program | |
| July 17 - 21 | <input type="checkbox"/> | <input type="checkbox"/> | __Check here | |
| July 24—28 | <input type="checkbox"/> | <input type="checkbox"/> | Details to follow. | |
| July 31- Aug 4 | <input type="checkbox"/> | <input type="checkbox"/> | | |
| TOTALS | _____ | _____ | _____ | _____ |

Please send your child with sunscreen, water and sneakers!

*If your child attends Comm Camp, he/she will be taken to and from the Tennis Clinic and may stay for extended Camp till 3pm
Please register at the Comm and make checks payable to Waverly Community House*

YOUTH and ADULT PRIVATE and SEMI-PRIVATE LESSONS REGISTRATION FORM

Monday through Friday from 9 am to 12 noon and 4 pm to 5 pm

PRIVATE: 1 hour — \$40; ½ hour — \$20 ♦ SEMI-PRIVATE: 1 hour — \$22 per person

NAME: _____ PHONE #: _____

PARENT'S NAME: _____ EMAIL: _____

The Tennis Program Director will contact you to schedule lessons.

Total Number of Lessons: _____ Total Amount Due: _____

Make checks payable to: **Waverly Community House**

RELEASE: (All participants and, if under 18, participant's parent/guardian must sign.)

I/we do not, will not hold any individual associated with The Waverly Community House, its employees, Board of Trustees, Volunteers or Waverly Township, responsible for any accident or injury incurred by my child while participating in the Tennis Clinics

Participant's Signature: _____

Parent/Guardian Signature (if participant is under 18): _____

