Indoor Tennis!

After-School (3:30pm – 4:30pm)

Tuesdays starting on November 15th

Come learn and play the lifetime sport of tennis with Marcy's Tennis Academy! In this group environment, players will learn the fundamentals of the forehand, backhand, volley, serve, and overhead smash while playing fun-filled games and drills. The Academy will introduce players to scoring and strategy of the great game of tennis. Players should bring their own junior tennis racket … or may pre-purchase a Junior HEAD tennis racket for $35 from the Academy. To make a tennis racquet purchase, kindly email Marcy at: mtatennis@att.net Or call her at 203 521-2663. Come join us and have a tennis ball.

Cost for this 6-week session is $105.00

Dates: 11/15, 11/22, 11/29, 12/6, 12/13, 12/20

Checks can be made payable to Bethany Parks and Recreation. **We are unable to accept same-day registrations**.

Marcy Cohen has owned and operated Marcy's Tennis Academy for 20 years, which serves over 2,000 students per year in 40 schools in Connecticut! She is certified with the PTR and the USPTA, and she and her Academy's honors include: The Pilot Pen Tennis Mom of the Year, and the Community Tennis Association of the Year from USTA New England.

Please send a note to school letting them know your child will be participating in our program.

TENNIS PROGRAM REGISTRATION

First & Last Name_____

Address_____ Email address_____

Telephone_____ Age _____ Grade _____ Teacher _____

Emergency Contact: Name: _____ **Phone:** _____

Any special concerns, needs or medical such as allergies, asthma, etc. ___yes____no.

If yes please explain:

_____

WAIVER OF TOWN LIABILITY:

Participants acknowledge that he/she or the parent or guardian has read and understands the information previously given. Participant/guardian/parent further certifies that he/she is in good physical condition and is fit to participate in this activity. Participant/parent/guardian understands that the Department's Sports Activities have categories of inherent risk, that accidents can occur, and that he/she must always be alert for dangers to themselves and to other participants. In the event of an injury to myself or my family member , I give permission to the attending physician to render such treatment and agree to pay for the treatment. I release Bethany P&R, its employees and instructors . I understand that this release applies to any present or future injuries. I have read and sign it voluntarily.

SIGNATURE: **(parent/guardian)**	**Date**