



SUMMER TENNIS ACADEMY - 2015

Sponsored by Hamden Recreation Department

www.hamden.com

& NILS NATION TENNIS ACADEMY

nilslebang@yahoo.com



Director, Nils LeBlang, focuses on instruction of basic strokes, fundamentals of the game and fitness. The summer clinics are for boys & girls of all levels. The clinics are 60 minutes long and held on Mondays, Wednesdays & Thursdays. Rain dates will be made up.

Location; Mix Ave., Tennis Center, next to Ice Rink.

12 & Under Tennis Academy

Session 1: June 29-July 9	Time A,B	Time A: 9:00am-10:00am; ages 5-12
Session 2: July 13-July 23	Time A,B	Time B: 4:30pm-5:30pm; ages 5-12
Session 3: July 27-Aug 6	Time A,B	Cost: \$100 per session
Session 4: Aug 10-Aug 20	Time A,B	

Jr. Summer TEAM USTA/CTA

Intensive Intermediate Level Player Clinic

Coach: Nils LeBlang - Hamden High Boys Tennis Coach

Ages: 10-18 - boys & girls

Dates: June 29-Aug 3; Time/Cost: 10:15-11:15, \$125

Mondays & Wednesday, inter-club matches played on Thursdays 1 – 3pm

Make check payable to Nils LeBlang and mail along with completed application to:
Hamden Recreation Dept., 2750 Dixwell Ave., Hamden, CT 06518, c/o Tennis

Contact: Nils_LeBlang:Email: nilslebang@yahoo.com for additional information

Enrollment is limited – register early

*****CUT HERE*****

Summer Tennis - 2015

Name _____ Phone _____ Age _____

Address _____ City _____ Zip _____

E- mail _____ School Attending _____

Please check off session/sessions:

Summer Tennis Academy

Session 1A: June 29-July 9; (9:00-10:00am) _____\$110

1B: June 29-July 9; (4:30-5:30) _____\$110

Session 2A: July 13-July 23; (9:00-10:00am) _____\$110

2B: July 13- July 23; (4:30-5:50) _____\$110

Session 3A: July 27-Aug 6; (9:00-10:00am) _____\$110

3B: July 27-Aug 6; (4:30-5:30) _____\$110

Session 4A: Aug 10-Aug 20; (9:00-10:00am) _____\$110

4B: Aug 10-Aug 20; (4:30-5:30) _____\$110

Jr. Summer Team: _____ \$125

I, _____, parent/guardian of _____ do hereby give my permission for my child to participate in the Nils Nation Summer Tennis Academy. I, for myself, my spouse, my child/guardian and on behalf of my heirs, assigns and next of kin, assume all risks and hazards incidental to the conduct of activity, including those associated with transportation for outside field trips. I, for myself, my spouse, my child/guardian and on behalf of my heirs, assigns and next of kin, agree to hold Nils Nation Tennis Academy harmless and waive all rights or claims for liability, damages or benefits of any nature, whether legal or equitable, against the Nils Nation Tennis Academy in the event of any injury, accident, natural causes or any illness as a result of participation in the Nils Nation Tennis Academy. I also grant permission for medical treatment and if necessary hospitalization by ambulance transport.

Signature of Parent/Guardian _____

Date _____