



HAMDEN RECREATION DEPARTMENT
 2750 Dixwell Ave. Hamden, CT 06518
 203-287-2579 ~ www.hamden.com
NILS NATION on Facebook



2016 FALL TENNIS & FITNESS ACADEMY

The Junior Tennis Academy will be geared towards the players who are still working on their basic Tennis skills. The clinic lasts for 1 hour and will focus on stroke work and the mechanics of the game.

Location: Mix Avenue Tennis Center, next to Ice Rink

Session 1: September 6, 8, 13, 15, 20, 22
Session 2: September 27, 29, October 4, 6, 11, 13
Cost: \$90
Ages: 5-14
Time/Days: 4:30-5:30 pm Tuesdays & Thursdays

*****Saturday Clinic*****

Session 3: September 3, 10, 17, 24
Session 4: October 1, 8, 15, 22
Time / Cost: 9:00-10:00 am; \$65
Ages: 5-12

Jr. Team
 See Saturday Dates
 Time/Cost: 10:00-11:00; \$65
 Ages: 11-16

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

*****Please print neatly & cut here*****

TENNIS - FALL - 2016

NAME _____ **PHONE** _____ **AGE** _____

ADDRESS _____ **CITY** _____ **ZIP** _____

E-MAIL _____ **SCHOOL ATTENDING** _____

FALL TENNIS ACADEMY

SESSION 1 ___ **SESSION 2** ___ **SAT CLINIC SESSION 3:** ___ **SAT CLINIC SESSION 4:** ___ **JR. TEAM** _____

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OFFICE USE ONLY: AMOUNT PAID _____ **CK #** _____ **CASH** _____ **DATE RECEIVED** _____

I, _____, parent/guardian of _____ do hereby give my permission for my child to participate in the Nils Nation Fall 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 Fall 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 Fall Tennis Academy in the event of any injury, accident, natural causes or any illness as a result of participation in the Nils Nation Fall Tennis Academy. I also grant permission for medical treatment and if necessary hospitalization by ambulance transport.

Signature of Parent/Guardian _____ Date _____