



COMMUNITY TENNIS ASSOCIATION
SPRING TENNIS & PICKLEBALL PROGRAMS – 2022

Sponsored by Hamden Recreation Department

NILS NATION RACKET SPORTS & FITNESS ACADEMY

Spring Tennis & Pickleball Fitness Clinics for youngster’s ages 5 – 16 of all levels is now available!! The programs will consist of stroke development to drills and fitness. This experience will help the player become a more inspired athlete, as they gain new skills and make new friends!!

Session I – Ages 5-13 (\$65)

Saturday Clinic – April 9, 16, 23, 30....Time: 9:30 –10:30 am

Session 2 – Ages 5-13 (\$65)

Saturday Clinic – May 7, 14, 21, 28....Time: 9:30 –10:30 am

Session 3 – All Age Groups (\$65)

After School Clinic – June 13, 14, 15, 16...Time: 3:30 –4:30 pm

Location: Mix Avenue Tennis Courts – next to Hamden Rink

Director: Nils Leblang – USTA Developmental Coach

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: nilsleblang@yahoo.com for additional information

Enrollment is limited – register early

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Spring Racket Sports Fitness Programs – 2022

Name _____ Phone _____ Age _____

Address _____ City _____ Zip _____

E-mail _____ School attending _____

Check session/sessions preferred:

_____ Session I – Saturday Clinic (\$65)

_____ Session 2 – Saturday Clinic (\$65)

_____ Session 3- After School Clinic (\$65)

I, _____, parent/guardian of _____ do hereby give my permission for my child to participate in the Nils Nation 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 _____

Office use only: Amount paid _____ Ck # _____ Cash _____ Date Received _____