

# REGISTRATION FORM

## Fall 2020

September 21st to October 29th

**OPEN TO NON-MEMBERS**

6 Week Clinic

<b>AGES</b>	<b>Mon - Tues - Wed - Thurs</b>	<b>TIMES</b>	<b>PRICE</b>
4 & 5 years	1 Day	3:30-4:00 pm	<b>\$75</b> <input type="checkbox"/>
	2 Days	3:30-4:00 pm	<b>\$135</b> <input type="checkbox"/>
<b>AGES</b>	<b>Mon - Tues - Wed - Thurs</b>	<b>TIMES</b>	<b>PRICE</b>
6-8 years	1 Day	4:00-5:00 pm	<b>\$150</b> <input type="checkbox"/>
	2 Days	4:00-5:00 pm	<b>\$275</b> <input type="checkbox"/>
<b>AGES</b>	<b>Mon - Tues - Wed - Thurs</b>	<b>TIMES</b>	<b>PRICE</b>
9-12 years	1 Day	5:00-6:00 pm	<b>\$150</b> <input type="checkbox"/>
	2 Days	5:00-6:00 pm	<b>\$275</b> <input type="checkbox"/>
<b>AGES</b>	<b>Mon - Tues - Wed - Thurs</b>	<b>TIMES</b>	<b>PRICE</b>
13 and over	1 Day	6:00-7:30 pm	<b>\$225</b> <input type="checkbox"/>
	2 Days	6:00-7:30 pm	<b>\$400</b> <input type="checkbox"/>

For questions please contact: [CSTCtennisprogram@gmail.com](mailto:CSTCtennisprogram@gmail.com)

Child's Name	Age	Monday	Tuesday	Wednesday	Thursday
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Registration due by September 18**

**Parent Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Checks payable to Cranford Swim Club  
(CSTC) CSTC, PO Box 25, Cranford, NJ 07016  
Amount Enclosed: \$ \_\_\_\_\_**

I the parent/guardian of the above-named child/children, hereby give m approval to participate in The Cranford Swim Club Children's Summer Tennis Clinic. I assume all risk and hazards incidental to such participation; and I do hereby waive, release, absolve, indemnify and agree to hold harmless the Cranford Swimming Club for any claim arising out of an injury to my child/children whether the result of negligence or from any other cause, except to the extent and in the amount covered by accident and liability insurance. Make-ups for RAIN DAYS will be on Friday of that week. Communication for cancellation of clinics due to inclement weather will be via email, cancellation of any clinic will be at the discretion of our tennis Pro.

Parent/Guardian (please sign & print name)

Date

Date Rec'd: \_\_\_\_\_

Check #: \_\_\_\_\_