



TOWN OF EAST HAMPTON

159 Pantigo Road
East Hampton, New York 11937
Office: (631)324-2417
Fax: (631)324-3085

John Rooney
Superintendent of Recreation

2017 Tennis Clinic

1 Hour Tennis Clinics

Who & When: Wednesdays Grades K-1 5:30-6:30pm
Wednesdays Grades 2-3 6:30-7:30pm
Fridays Grades 4-6 5:30-6:30pm

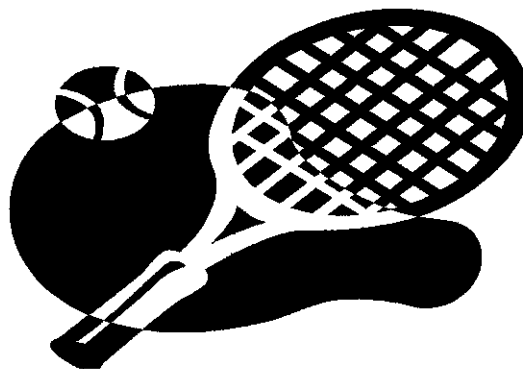
Starting May 3, 2017 – Ending June 9, 2017

Where: Tennis Courts at the Amagansett Youth Park on Abrahams Path

Fee: \$45.00 PER CHILD

Register: Parks and Recreation Dept. or the Montauk Playhouse

www.eshamptonny.gov



Town Of East Hampton

Waiver of Liability

PLEASE FILL IN ALL INFORMATION BELOW!!!!!!!

As parent/guardian for _____
(name(s) of child/children enrolling)

I hereby grant permission for his/her participation in the "EAST HAMPTON Program" sponsored and administered by the TOWN OF EAST HAMPTON.

In doing so, I understand that physical activities such as these sometimes result in accidents despite the best efforts of the organizer to supervise the participants. I accept any medical bills resulting from such an accident as solely my responsibility.

Further, in permitting my child/children's participation, I agree to hold the TOWN OF EAST HAMPTON, its employees, volunteers assisting with the program as well as its elected and appointed officials, harmless from liability resulting from, my child/children's participation in the program.

Names of children:

| | | | |
|---------------|---------------|---------------|---------------|
| Sex: ___ Male | Sex: ___ Male | Sex: ___ Male | Sex: ___ Male |
| ___ Female | ___ Female | ___ Female | ___ Female |
| Grade: _____ | Grade: _____ | Grade: _____ | Grade: _____ |
| Age: _____ | Age: _____ | Age: _____ | Age: _____ |

Address: _____ Program: _____

Telephone #: _____ Cell Phone: _____

Child's School: _____ E-Mail _____

Date: _____ Parent/Guardian Signature: _____

Parent/Guardian Name PRINTED: _____

Would you like to receive emails for Recreation Programs throughout the year?

YES: _____ NO: _____