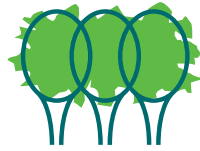


**Central Park Tennis Center**  
**Junior Tennis Program**  
**Fall 2010 - 6 Week Program**



**central park tennis center**

**Tuesday, September 7 – Sunday, October 18**  
**(Rain Dates - October 19 – October 25)**

If you were in the Spring session you are guaranteed the same spot on the same day and the same time in the Fall session. Days and times cannot be changed. You must reapply by May 10, 2010 or you will lose your spot. Please fill out the form completely and fax it to 212-665-6978. You can also hand it in at the pro shop or give it to Carla Hughes - Tennis Director. We do not receive mail in the park. One-week cancellation policy in effect. If the weather looks threatening call 212-316-0800 ext. 3 or 4 for court conditions one hour before the class starts. We will not be able to call you. No make-ups are given for missed classes.

STUDENT'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT PHONE NUMBER: \_\_\_\_\_ PARENT: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

DAY: \_\_\_\_\_ TIME: \_\_\_\_\_ \*\* NO MAKEUPS GIVEN

PRICE: **\$340.00** FORMS OF PAYMENT: VISA \_\_\_\_ MC \_\_\_\_ AMEX \_\_\_\_ CASH: \_\_\_\_ CHECK # \_\_\_\_\_

I authorize the payment to my card # \_\_\_\_\_

EXP. DATE: \_\_\_\_\_ C.V.V: \_\_\_\_\_

I understand and acknowledge the risk of injury are inherent in any program involving physical activity, as the Parent/Guardian of \_\_\_\_\_, I hereby waive and release any and all full rights and claims for damages I may have against Central Park Tennis Center, the program direct, tennis professionals, for any and all injuries sustained by the player, including transportation to and from program in connection with any participation in this tennis program. I so hereby give my consent to medical emergency or otherwise, inclusive of necessary transportation in order to receive treatment in the event of injury or any other illness with my child.

**FAX: 212-665-6978**