



Tennis Lessons

June 25th-Aug. 10th



Registration: Will take place at Lincoln Arena from 3:00-7:00pm on June 11, 2018
(Instructors will be present.)

On-Line and Open Registration will begin at 7:00pm on June 11th for Residents and Non Residents. Go to www.ttypr.com to register On-Line.

Students must meet the age requirement by **August 10th** and be qualified to register for Intermediate and Advanced Classes.

Equipment: Students must bring his/her own racket & must wear sneakers.

<u>Class #</u>	<u>Section #</u>	<u>CLASS</u>	<u>AGE GROUP</u>	<u>DAYS</u>	<u>TIME</u>	<u>LOCATION</u>	<u>Fee: Res/Non Res</u>
313120	01	Beginner Co-Ed	4-5 years	Friday	9:45am	Adams	\$20/\$30
313120	02	Beginner Co-Ed	4-5 years	Friday	11:15am	Adams	\$20/\$30
313120	03	Beginner Co-Ed	4-5 years	Friday	12:45pm	Adams	\$20/\$30
313121	01	Beginner Co-Ed	6-7 years	Friday	9:00am	Adams	\$20/\$30
313121	02	Beginner Co-Ed	6-7 years	Friday	10:30am	Adams	\$20/\$30
313121	03	Beginner Co-Ed	6-7 years	Friday	12:00pm	Adams	\$20/\$30
313122	01	Beginner Co-Ed	8-10 years	Mon/Wed.	10:00am	Adams	\$45/\$70
313122	02	Beginner Co-Ed	8-10 years	Mon/Wed.	11:00am	Adams	\$45/\$70
313122	03	Beginner Co-Ed	8-10 years	Tues/Thurs	9:00am	Mang	\$45/\$70
313122	04	Beginner Co-Ed	8-10 years	Tues/Thurs	10:00am	Mang	\$45/\$70
313123	01	Beginner Co-Ed	11-17 years	Mon/Wed.	9:00am	Adams	\$45/\$70
313123	02	Beginner Co-Ed	11-17 years	Tues/Thurs	11:00am	Mang	\$45/\$70
313124	01	Intermediate Co-Ed	11-17 years	Mon/Wed.	12:00pm	Adams	\$45/\$70
313124	02	Intermediate Co-Ed	11-17 years	Tues/Thurs	12:00am	Mang	\$45/\$70
313126	01	Adult Co-Ed	18 + years	Tuesday	6-7:45pm	Adams	\$55/\$80

Kenmore-Tonawanda UFSD neither endorses nor sponsors the organization or activity represented in this material. The distribution of this material is provided as a community service.

*** Classes subject to change pending registration ***



REGISTRATION FORM

Online Registration: www.ttypr.com

Walk-in Registration:

Aquatic & Fitness Center, One Pool Plaza, 876-7424
 Senior Citizen Center, 291 Ensminger Road, 874-3266
 YPR Department, 299 Decatur Road, 831-1001

Adult Registrant or Parent/Guardian Name _____

Address _____ Home Phone _____

City _____ Zip Code _____ Work Phone _____

Check in box if your address has changed in the last year.

E-mail Address _____ Cell Phone _____

I authorize the TOTYPR to contact us by email. This can be changed at a later date.

Activity # - section 123456-01	Program Name	Participant's First Name	Participant's Last Name	Birthdate	M/F Circle	Fee
—					M F	
—					M F	
—					M F	
—					M F	
—					M F	

Total Fees: ⇨

ASSUMPTION OF RISK & RELEASE FORM

The undersigned person requests and is granted permission to participate in classes, activities programs and/or events sponsored by the Town of Tonawanda ("Town") whether occurring on its premises or elsewhere. In consideration of participation in any such class, activity, program or event, the undersigned, his/her personal representatives, heirs and/or assigns, DOES HEREBY:

1. RELEASE, DISCHARGE AND COVENANT NOT TO SUE the Town, its Board, Officers, Employees and/or Agents from any and all claims for personal injury or property damage, except those resulting from the Town's negligence, arising out of participation in any such class, activity, program or event, and further agrees to hold harmless the Town from any claims, judgments or expenses the undersigned may incur by participation in the described activity.
2. UNDERSTAND that participation in the described activity involves danger and risk of injury. The inherent danger is understood and voluntarily assumed.
3. ACKNOWLEDGE that the undersigned is aware of equipment and safety regulations and will comply with each regulation ASSUMING ALL RISK for himself/herself and all liability to others for failure to do so. No oral representations or inducements have been made prior to signing this agreement. If any portion of this agreement is held invalid, it is agreed that the balance thereof shall continue in full legal force and effect.

I HAVE READ THIS DOCUMENT AND UNDERSTAND THAT IT IS A RELEASE OF CLAIMS ON THE CONDITIONS SET FORTH ABOVE. I UNDERSTAND AND ASSUME ALL RISKS INHERENT IN THIS ACTIVITY ON BEHALF OF MYSELF OR IN MY CAPACITY AS LEGAL GUARDIAN FOR THE PARTICIPANT BELOW.

_____ Date
 Authorized Signature

Office Use Only:

Date: _____ Initials: _____ Facility _____ Res Proof _____

Method of Payment: Cash Check MC VISA Discover Other _____

Credit Cards not accepted through the mail or over the phone at any location!