

Name: \_\_\_\_\_ Grade 2011/12 \_\_\_\_ Birthdate: \_\_\_\_\_  
 Address: \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Parent Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Parent Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Email: \_\_\_\_\_ School: \_\_\_\_\_

**SESSION ONE : May 31 – June 17, 2011**

- K-2<sup>nd</sup> MTW 10:00-11:00 am \$40
- 3-5<sup>th</sup> Beg MW 12:-1:00 pm \$45
- 3-5<sup>th</sup> Inter MW 12-1:00 pm \$45
- 6-8<sup>th</sup> Beg MW 1:30-2:30 pm \$45
- 6-8<sup>th</sup> Inter MW 1:30-2:30 pm \$45
- 6-8<sup>th</sup> Adv MW 2:45-3:45 pm \$45
- 9-12<sup>th</sup> Beg TTH 1:00-2:00 pm \$45
- 9-12<sup>th</sup> Inter TTH 2:15-3:15 pm \$45
- 9-12<sup>th</sup> Adv TTH 2:15-3:15 pm \$45

**FRI MATCH PLAY:**

3-5th 10:00—noon; 6-8<sup>th</sup> 1:00-3:00pm; 9-12<sup>th</sup> 3:30-5:30pm

**NJTL Rally Day: Friday June 17, 2011**

**CAMP ONE : June 20 – June 24, 2011 ( Mon – Fri )**

- K-2<sup>nd</sup> 10-11:00 am \$20
- 3-5<sup>th</sup> Beg & Inter 9-11:00 am \$45
- 6-8<sup>th</sup> Beg & Inter 11:15-1:15 pm \$45
- 9-12<sup>th</sup> Inter & Adv 2:00-4:00 pm \$45

**CAMP TWO : June 27 – July 1, 2011 ( Mon – Fri )**

- K-2<sup>nd</sup> 10-11:00 am \$20
- 3-5<sup>th</sup> Beg & Inter 9-11:00 am \$45
- 6-8<sup>th</sup> Beg & Inter 11:15-1:15 pm \$45
- 9-12<sup>th</sup> Inter & Adv 2:00-4:00 pm \$45

**SESSION TWO: July 5 – July 22, 2011**

- K-2<sup>nd</sup> MTW 10:00-11:00 am \$40
- 3-5<sup>th</sup> Beg MW 12:-1:00 pm \$45
- 3-5<sup>th</sup> Inter MW 12-1:00 pm \$45
- 6-8<sup>th</sup> Beg MW 1:30-2:30 pm \$45
- 6-8<sup>th</sup> Inter MW 1:30-2:30 pm \$45
- 6-8<sup>th</sup> Adv MW 2:45-3:45 pm \$45
- 9-12<sup>th</sup> Beg TTH 1:00-2:00 pm \$45
- 9-12<sup>th</sup> Inter TTH 2:15-3:15 pm \$45
- 9-12<sup>th</sup> Adv TTH 2:15-3:15 pm \$45

**FRI MATCH PLAY:**

3-5th 10:00—noon; 6-8<sup>th</sup> 1:00-3:00pm; 9-12<sup>th</sup> 3:30-5:30pm

**NJTL Rally Day: Friday, July 22, 2011**

**CAMP THREE : July 25 – July 29, 2011 ( Mon – Fri )**

- K-2<sup>nd</sup> 10-11:00 am \$20
- 3-5<sup>th</sup> Beg & Inter 9-11:00 am \$45
- 6-8<sup>th</sup> Beg & Inter 11:15-1:15 pm \$45
- 9-12<sup>th</sup> Inter & Adv 2:00-4:00 pm \$45

**USTA JR TEAM TENNIS : May 24 –July 28,2011**

For age and skills: check at the registration:

Tuesdays and Thursdays 4:00-6:00pm \$25.00  
includes T-shirt

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**For information call: 455-4301  
or Email: [info@fairbankstennis.org](mailto:info@fairbankstennis.org)**

FTA Membership (circle): New Renewal

**Family (\$25) Individual (\$10) Already member**

Family members: \_\_\_\_\_

Do you want to receive FTA emails? Yes \_\_\_\_\_ No \_\_\_\_\_

**GRADES:** Circle one

K-2 grade 3-5 grade 6-8 grade 9-12 grade

**SKILL LEVEL:** Circle one

Beginning Intermediate Advanced

**FTA USE ONLY:** Date: \_\_\_\_\_ Initials: \_\_\_\_\_

Membership  Individual \$10  
 Family \$25 Total: \_\_\_\_\_

Session I & II (K-2nd)\$40 x \_\_\_\_\_ sessions Total: \_\_\_\_\_

Session I & II (3-12th)\$45 x \_\_\_\_\_ sessions Total: \_\_\_\_\_

Camps 1, 2, 3, (K-2<sup>nd</sup>) \$20 x \_\_\_\_\_ camps Total: \_\_\_\_\_

Camps 1, 2, 3, (3-12th)\$45 x \_\_\_\_\_ camps Total: \_\_\_\_\_

USTA JR Team Tennis Total: \_\_\_\_\_

Scholarship (approved by ) \_\_\_\_\_ (-) \$: \_\_\_\_\_

**Grand Total:** \_\_\_\_\_

**Cash / Check # Form of**

**Releases**

**Participation and medical consent:**

I, the parent/guardian of registrant, a minor, give my approval for him/her to participate in any and all FTA Tennis activities; I assume all risks and hazards incidental to my child's participation and I do hereby waive, release, absolve, indemnify and agree to hold harmless, the organizers, volunteers, participants, and other persons, for any claim arising out of any injury to my child, whether the result of negligence or for any other cause. In the event of any medical emergency, I request that I be immediately called at the telephone listed below. If I am not available, I hereby give my consent, in the event of injury or illness, for emergency medical treatment, hospitalization, or other medical treatment as may be necessary for the welfare of the above named youth, by a physician, qualified nurse, certified medical athletic trainer, and/or hospital during all periods of time in which the youth is away from his/her legal residence. Further I hereby waive, on behalf of myself and the above named youth, any liability arising out of such medical treatment.

**I give my consent for the use of photographs of my child for all FTA publicity, including for the FTA website and newsletter, and for FTA releases to the public media.**

Yes \_\_\_\_\_ No \_\_\_\_\_

If there are any health or physical limitations, please explain on back of the white copy of this form.

Parent/Guardian Name (Print) \_\_\_\_\_ Signature \_\_\_\_\_

Emergency Phones \_\_\_\_\_ Date \_\_\_\_\_