

Note: Please use one sheet per person and per program.

NEWFIELD TENNIS PROGRAM JUNIOR APPLICATION

NAME/STUDENT _____ AGE _____

ADDRESS _____ EMAIL _____

HOME PHONE _____ WORK PHONE _____

(Please circle)

TIME OF ACTIVITY: PRE-SEASON IN-SEASON POST-SEASON

ACADEMY: I (5-7) Progressive (8-9) III (10-12) IV (13+) Jr. Varsity Varsity

Future Stars Quickstart After-Camp Weekend I II/III Day-Camp F/H

WEEKS: Pre-Season: 5/16-20 5/23-27 5/30-6/3 6/6-10 6/13-17

In-Season: 6/20-24 6/27-7/1 7/4-7/8 7/11-7/15 7/18-7/22 7/25-7/29 8/1-8/5 8/8-8/12

Post-Season: 8/15-8/19 8/22-8/26

DAY/TIME: _____ / _____

PAY METHOD: CASH CHECK (payable to: Keith Bliska Tennis Services LLC)

*Please note that all junior and adult program applications and payment must be completed and received before enrollment into any program/clinic offered here at Newfield. There will be no phone applications accepted for any participant. Please note that the dress code will be strictly enforced for our junior players.

EMAIL: tennispro@newfieldclub.org Director available @ Newfield starting May 10th.

Injury Release

I, THE PARENT/GUARDIAN OF THE ABOVE NAMED CHILD, WHO PARTICIPATES IN THE NEWFIELD SWIM AND TENNIS PROGRAM, ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO THE CONDUCT OF THE ACTIVITY AND TRANSPORTATION TO AND FROM THE ACTIVITY. I AM AWARE THAT PARTICIPATING IN ANY NEWFIELD PROGRAM CAN BE A DANGEROUS ACTIVITY INVOLVING MANY RISKS OF INJURY. I DO FURTHER RELEASE ABOVE, IMDEMNIFY AND WAIVE ANY CLAIMS AGAINST NEWFIELD AND/OR KEITH BLISKA TENNIS SERVICES LLC.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

(Failure to sign above will result as an incomplete application)

Do you give consent for your child's photograph to appear on the Website? Y/N