



# Village of Bronxville – Recreation Department

200 Pondfield Road, Bronxville, NY 10708  
Telephone: (914) 779-4022 Fax: (914) 337-2683

## QuickStart Junior Tennis Application 2016

QuickStart tennis is a junior development program founded by the USA for children 12 and under. This comprehensive program uses different colored balls at different compressions to create more success and proper tennis fundamentals. These classes focus on coordination, hand-eye development, balance, footwork, rally development, tennis fundamentals and FUN!

### Village of Bronxville Tennis Court, 5 Garden Avenue

Summer Quickstart: July 5 – August 20

Classes meet once a week on the same day of the week

Choose whichever 4 of the 6 weeks work in your summer schedule!

(Additional classes may be added at \$31.50 each with pre-registration)

**\*\* Maximum 6 participants in each class \*\***

Permit is required for participation. Permits can be purchased through Village Hall or online at [www.villageofbronxville.com](http://www.villageofbronxville.com). Proper tennis attire required.

### Program Participation: (please select as many as you would like)

<input type="checkbox"/>	3&4 Year Olds (Balloon Tennis):	Monday	9:00 – 9:30am	\$126.00
<input type="checkbox"/>	3&4 Year Olds (Balloon Tennis):	Wednesday	9:00 – 9:30am	\$126.00
<input type="checkbox"/>	3&4 Year Olds (Balloon Tennis):	Friday	9:00 – 9:30am	\$126.00
<input type="checkbox"/>	5&6 Year Olds (Red):	Monday	9:30 – 10:30am	\$126.00
<input type="checkbox"/>	5&6 Year Olds (Red):	Wednesday	9:30 – 10:30am	\$126.00
<input type="checkbox"/>	5&6 Year Olds (Red):	Friday	9:30 – 10:30am	\$126.00
<input type="checkbox"/>	7-9 Year Olds (Orange):	Monday	10:30 – 11:30am	\$126.00
<input type="checkbox"/>	7-9 Year Olds (Orange):	Wednesday	10:30 – 11:30am	\$126.00
<input type="checkbox"/>	7-9 Year Olds (Orange):	Friday	10:30 – 11:30am	\$126.00
<input type="checkbox"/>	10-12 Year Olds (Green):	Monday	11:30 – 12:30pm	\$126.00
<input type="checkbox"/>	10-12 Year Olds (Green):	Wednesday	11:30 – 12:30pm	\$126.00
<input type="checkbox"/>	10-12 Year Olds (Green):	Friday	11:30 – 12:30pm	\$126.00

Permit #: \_\_\_\_\_ Total Enclosed: \_\_\_\_\_

### APPLICANT INFORMATION:

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Parent's Phone Number: \_\_\_\_\_

Medical issues, allergies or medications being taken by the child:

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## BRONXVILLE RECREATION APPLICANT INFORMATION

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medical issues, allergies or medications being taken by the child:

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Parent/Guardian's Name: \_\_\_\_\_

Applicant's Primary Address: \_\_\_\_\_

Parent's Phone Numbers: \_\_\_\_\_ (cell) \_\_\_\_\_ (home)  
\_\_\_\_\_ (work)

Parent/Guardian's Name: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Parent's Phone Numbers: \_\_\_\_\_ (cell) \_\_\_\_\_ (home)  
\_\_\_\_\_ (work)

Emergency Contact if Parent Cannot Be Reached:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Person(s) I give my permission to pick up my child at the end of the session:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

DISCLAIMER: Payment Terms, Liability Waiver and Assumption of Risk and Release

I understand that participation in Bronxville Recreation programs requires participants to be Tennis permit holders. I further understand that for program sessions (a session is defined as a series of classes) 18 weeks in duration or less, I must remit the required payment upon enrollment. I accept that enrollment in Bronxville Recreation programs is for the full session and that no refunds will be given for withdrawals or absences after the session begins. By signing below I agree that I am either the named participant, or the parent or legal guardian of the named participant, and that we will abide by all rules and regulations which now exist or which may be hereafter adopted or amended by Bronxville Recreation. I further acknowledge and agree that there are certain inherent dangers in playing sports and that the Village of Bronxville shall not be liable for any personal injuries, property damage, or other loss sustained by me or the named participant in, on or about the Bronxville recreational activities' premises or arising out of the use or intended use of any facilities, equipment or other property of the Village of Bronxville. If I enroll, or enroll my child(ren), in Bronxville Recreation programs and am asked to furnish the Village of Bronxville with appropriate medical information, I agree to furnish such information and records prior to participation. In addition, in case of accident or injury to me or my child (ren) and if an emergency contact person cannot be reached, I grant the permission to obtain medical attention if necessary, for which I will be financially responsible. The Village of Bronxville reserves the right to close courts for repair or alterations. I also understand that photos of participants may be used for promotional, media and other purposes and The Village of Bronxville retains the rights to any photographs or video taken at the facility to be used for publicity or advertising. Bronxville Recreation does not guarantee make-ups for classes missed by the participant. In the event of inclement weather, the program instructor will contact participants via email with any cancellations and/or rescheduling of programs. The Village of Bronxville reserves the right to cancel this contract at any time, at its sole discretion, and management's sole liability shall be to refund any amounts previously paid on a pro-rata basis.

I/we undersigned, Parent(s) or Legal Guardian of the above named, a minor, do hereby attest that my child is physically able to participate in the above program(s) and I/we authorize Bronxville Recreation and staff as our agent(s) to consent to any licensed physician or surgeon. It is understood that this authorization is given in advance of any special need of treatment but is given to provide any authority on the part of the aforesaid agent(s) to give consent to any and all such procedures, treatment, or hospital care with the physician, or surgeon in the exercise of his/her best judgment may deem advisable.

The undersigned authorization applies to all Bronxville Recreation programming and is effective for one year after the signature date.

Family Name: \_\_\_\_\_

Participant(s) Under Age of 18: \_\_\_\_\_  
Name

\_\_\_\_\_  
Birthdate

Participant(s) Under Age of 18: \_\_\_\_\_  
Name

\_\_\_\_\_  
Birthdate

Participant(s) Under Age of 18: \_\_\_\_\_  
Name

\_\_\_\_\_  
Birthdate

\_\_\_\_\_  
Parent/Guardian Name (Please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature