



Village of Bronxville
200 Pondfield Road, Bronxville, NY 10708
Telephone: (914) 337-6500

Adult Clinic Application – Spring 2024

Revised: 03/22/2022

Matt Evans has been teaching and coaching tennis for well over a decade. He has taught at Yonkers Tennis Center, Birchwood Swim and Tennis Club, The Tennis Club at Grand Central and New York University. Matt has also been an assistant coach for the men's and women's tennis team at Sarah Lawrence College. He is a certified PTR tennis coach.

ADULT TENNIS & PICKLEBALL CLINICS: APRIL 22 – MAY 24

**Classes meet weekly
(5 Week Program)**

4 player min/maximum per class

Weather makeups can be scheduled for any open day/time during the week
Pickleball rackets and balls will be provided for all pickleball clinics

Permits required for participation. Permits can be purchased through Village Hall or online at www.villageofbronxville.com. Proper tennis attire required. 4 people are required for each lesson; classes may be cancelled due to insufficient enrollment.

(SELECT THE SESSION YOU WOULD LIKE):

<input type="checkbox"/>	Adult Beginner Tennis	Monday	09:00 – 10:00am	\$200.00
<input type="checkbox"/>	Adult Advanced Beginner/Low Intermediate Tennis	Tuesday	09:00 – 10:00am	\$200.00
<input type="checkbox"/>	Adult Advanced Beginner Pickleball	Wednesday	10:30 – 11:30am	\$150.00
<input type="checkbox"/>	Adult Beginner/High Beginner Pickleball	Friday	10:30 – 11:30am	\$150.00

PLEASE NOTE: The clinic meets outdoors and will be cancelled in the event of rain. Make-up dates will be added on as necessary but we are unable to offer refunds or credit if you are unable to attend a scheduled make-up.
Please take this into consideration before registering.

*Please make checks payable to Matt Evans. Payments due at time of application.
Applications must be submitted to Village Hall main office.*

APPLICANT INFORMATION

Last Name: _____ First Name: _____

Mailing Address: _____

Email Address: _____

Phone: _____

For private lessons and/or questions, please contact Matt Evans - Director of Racquets: MEvans@vobny.com



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ADULT PICKLEBALL CLINICS:
SATURDAY: APRIL 20, APRIL 27, MAY 18, MAY 25
SUNDAY: APRIL 21, APRIL 28, MAY 19, MAY 26

**Classes meet weekly
(4 Week Program)**

4 player min/8 maximum per class
Weather makeups can be scheduled for any open day/time during the week
Pickleball rackets and balls will be provided for all pickleball clinics

Permits required for participation. Permits can be purchased through Village Hall or online at www.villageofbronxville.com. Proper tennis attire required. 4 people are required for each lesson; classes may be cancelled due to insufficient enrollment.

(SELECT THE SESSION YOU WOULD LIKE):

<input type="checkbox"/>	Adult Beginner/High Beginner Drill & Play	Saturday	11:00 – 12:30pm	\$160.00
<input type="checkbox"/>	Adult Advanced Beginner Drill & Play	Sunday	11:00 – 12:30pm	\$160.00

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DISCLAIMER (PAYMENT TERMS, LIABILITY WAIVER, ASSUMPTION OF RISK & 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, nor the independent contractors in its employ, 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.

Name (Print)_____ Date_____

Name (Sign)_____ Date_____