



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

Junior Clinics – Spring 2024

Revised: 03/23/2022

Quickstart tennis is a junior development program founded by the USTA for children 12 years 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!

SPRING QUICKSTART TENNIS: APRIL 23 – MAY 24

**Classes meet once a week
(5 Week Program)**

4 players minimum per court/6 players maximum per court
Weather makeups can be scheduled any open available days/times during week

Permits required for participation. Permits can be purchased through Village Hall or online at www.villageofbronxville.com.
Proper tennis attire required. Racket size guides: Red 21", Orange 23"-25", Green 25"-27".

(SELECT THE SESSION YOU WOULD LIKE):

| | | | | |
|--------------------------|----------------------------|-----------|---------------|----------|
| <input type="checkbox"/> | 5 - 7 Year Olds (Red): | Tuesday | 4:00 – 5:00pm | \$200.00 |
| <input type="checkbox"/> | 5 - 7 Year Olds (Red): | Wednesday | 4:00 – 5:00pm | \$200.00 |
| <input type="checkbox"/> | 5 - 7 Year Olds (Red): | Thursday | 4:00 – 5:00pm | \$200.00 |
| <input type="checkbox"/> | 5 - 7 Year Olds (Red): | Friday | 4:00 – 5:00pm | \$200.00 |
| <input type="checkbox"/> | 8 - 10 Year Olds (Orange): | Tuesday | 5:00 – 6:00pm | \$200.00 |
| <input type="checkbox"/> | 8 - 10 Year Olds (Orange): | Wednesday | 5:00 – 6:00pm | \$200.00 |
| <input type="checkbox"/> | 8 - 10 Year Olds (Orange): | Thursday | 5:00 – 6:00pm | \$200.00 |
| <input type="checkbox"/> | 8 - 10 Year Olds (Orange): | Friday | 5:00 – 6:00pm | \$200.00 |
| <input type="checkbox"/> | 11+ Year Olds (Green): | Tuesday | 6:00 – 7:00pm | \$200.00 |
| <input type="checkbox"/> | 11+ Year Olds (Green): | Wednesday | 6:00 – 7:00pm | \$200.00 |
| <input type="checkbox"/> | 11+ Year Olds (Green): | Thursday | 6:00 – 7:00pm | \$200.00 |
| <input type="checkbox"/> | 11+ Year Olds (Green): | Friday | 6:00 – 7:00pm | \$200.00 |

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

Child's Last Name: _____ Child's First Name: _____

Applicant Age: _____ Date of Birth: _____ Total Enclosed: _____

Medical Issues/Allergies/Medications Taken by Child: _____

Please contact Matt Evans, Director of Racquets with any questions, MEvans@vobny.com



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SPRING USA PICKLEBALL YOUTH CLINICS: SATURDAY: APRIL 20, APRIL 27, MAY 18 SUNDAY: APRIL 21, APRIL 28, MAY 19

**Classes meet once a week
(3 Week Program)**

4 players minimum per court/8 players maximum per court
Weather makeups can be scheduled any open available days/times during week

Permits required for participation. Permits can be purchased through Village Hall or online at www.villageofbronxville.com.
Proper tennis attire required. Pickleball paddles and balls will be provided.

(SELECT THE SESSION YOU WOULD LIKE):

| | | | | |
|--------------------------|---------------------------------------|----------|-----------------|----------|
| <input type="checkbox"/> | Youth Pickleball, 8 - 12 Year Olds: | Saturday | 10:00 – 11:00am | \$160.00 |
| <input type="checkbox"/> | Youth Pickleball, 8 - 12 Year Olds: | Sunday | 09:00 – 10:00am | \$160.00 |
| <input type="checkbox"/> | Junior Pickleball, 13 - 18 Year Olds: | Saturday | 09:00 – 10:00am | \$160.00 |
| <input type="checkbox"/> | Junior Pickleball, 13 - 18 Year Olds: | Sunday | 10:00 – 11:00am | \$160.00 |

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APPLICANT INFORMATION

Child's Last Name: _____ Child's First Name: _____

Applicant Age: _____ Date of Birth: _____ Total Enclosed: _____

Medical Issues/Allergies/Medications Taken by Child: _____

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SUBMIT ONE SHEET PER CHILD

BRONXVILLE RECREATION APPLICANT INFORMATION

Child's Last Name: _____ Child's First Name: _____

Age: _____ Date of Birth: _____

CONTACT INFORMATION

Parent/Guardian Name: _____

Primary Address: _____

Parent/Guardian Phone Numbers: _____ (mobile) _____ (home)
_____ (work)

Parent/Guardian Name: _____

Primary Address: _____

Parent/Guardian Phone Numbers: _____ (mobile) _____ (home)
_____ (work)

Parent/Guardian Name: _____

Primary Address: _____

Parent/Guardian Phone Numbers: _____ (mobile) _____ (home)
_____ (work)

EMERGENCY INFORMATION

Contact Name: _____

Relationship to Child: _____

Phone Numbers: _____ (mobile) _____ (home)
_____ (work)

OTHER INFORMATION

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

Name: _____ Phone: _____

Name: _____ Phone: _____



SUBMIT ONE DISCLAIMER PER FAMILY

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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.

Parent/Guardian Name (Print) _____ Date _____

Parent/Guardian Name (Sign) _____ Date _____

Participant Under Age of 18:

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____