Program Description:

The Port Jefferson Village Recreation Department with PJCC, are organizing a kids Tennis Club on Friday nights at PJCC. Now more than ever it is easier to get your kids involved in the great sport of tennis. Our Kids Tennis Club provides fun activities for kids of all ages (6-10yrs) and abilities. We have the perfect equipment and tennis professionals to teach your child. Pizza provided each week in our all-purpose room at PJCC. Parents can drop off their child at 6pm and pick up is 8pm!'

Dates:	**Session 1:**	**Fridays, April 27, May 4, 11, 18, 25th**
	Session 2:	**Fridays, June 1, 8, 15, 22, 29th**
	Session 3:	**Fridays, Sept 14, 21, 28, Oct 5, 12th**
Grades:	**Grades 1-6**	
Fee:	**$75 PJCC Member/per person $80 Non PJCC Member/per person**	
Time:	**5:30 pm - 7:30 pm**	
Instructor:	**PJCC Director of Tennis & Staff**	
Location:	**Port Jefferson Country Club, 44 Fairway Drive, Port Jefferson, NY 11777**	
Notes:	**All equipment provided. Participants should bring a water bottle**	
Registration:	**PJ Rec Dept., 2nd Floor Village Center, 101-A East Broadway, 631-802-2160**	

Please make checks to: Inc. Village of Port Jeff Program: Kids Tennis Club @ PJCC

Last Name: _____ First Name: _____

Address: _____ Age: _____

Cell Phone (Mom):_____ Cell Phone (Dad):_____

Email: _____

Please list any special needs/allergies : _____

THE UNDERSIGNED AGREES THAT THE VILLAGE OF PORT JEFFERSON, IT'S AGENTS, OFFICERS, ELECTED AND APPOINTED OFFICIALS AND EMPLOYEES SHALL NOT BE LIABLE FOR ANY CLAIMS, INJURIES, DAMAGES OR EXPENSES SUSTAINED BY THE UNDERSIGNED AS A RESULT OF PARTICIPATION IN THE ACTIVITY DESCRIBED ABOVE. THIS RELEASE FROM LIABILITY SHALL APPLY TO ALL SUCH CLAIMS, INJURIES, DAMAGES OR EXPENSES REGARDLESS OF WHO IS AT FAULT AND EVEN IF CAUSED BY THE NEGLIGENCE, NEGLECT OR FAULT OF THE VILLAGE OF PORT JEFFERSON, ITS AGENTS, OFFICERS, ELECTED AND APPOINTED OFFICIALS AND EMPLOYEES. THIS RELEASE IS MADE WITH KNOWLEDGE THAT THE VILLAGE OF PORT JEFFERSON PROVIDES NO INSURANCE TO COVER CLAIMS, DAMAGES OR EXPENSES WHICH MAY RESULT FROM THE DESCRIBED ACTIVITY.

SIGNATURE: _____ DATE: _____

Office Use Only

Received by:_____ Amt: _____ CC:_____ CK:_____

Session 1 Session 2 Session 3