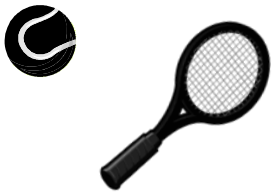
2018 SUMMER TENNIS

BEGINNER & INTERMEDIATE CLINIC

Love to Serve Tennis Program

Byron W. Brown
Mayor



PAL invites you to come learn the basics of tennis, perfect for the first time or *novice player. Fundamental skill stations in small group settings will provide readiness for* game play.

Pre-registration is required. For Further Information, Call 851-4615

SESSION 1

Eligibility: Boys & Girls
Site: Delaware Park McMillan Courts
Time: 8:30 am – 10:00 am
Fee: $25.00 per week, includes T-shirt
Scholarships available

Ages: 7 - 17 (no exceptions)
Date: Weeks of 7/9, 7/16, 7/23, 7/30 8/6 & 8/13
Days: Tues, Wed, Thurs
Max: 30 participants

SESSION 2

Eligibility: Boys & Girls
Site: Delaware Park McMillan Courts
Time: 10:15 am – 11:45 am
Fee: $25.00 per week, includes T-shirt
Scholarships available

Ages: 7 - 17 (no exceptions)
Date: Weeks of 7/9, 7/16, 7/23, 7/30 8/6 & 8/13
Days: Tues, Wed, Thurs
Max: 30 participants

Please complete the Registration and *REQUIRED* Client Characteristic form FOR THE PARTICIPANT – NOT THE PARENT and return to: PAL, 65 Niagara Sq. - 21st Floor, Buffalo, NY 14202. You will receive a confirmation when enrolled. Please send registration form with letter stating hardship circumstances if requesting scholarship.

NAME _____ **PHONE** _____

ADDRESS _____ **CITY** _____ **ZIP** _____

DATE OF BIRTH _____ **AGE** _____ **GENDER** _____

EMAIL _____ **SCHOOL** _____ **GRADE** _____

EMERGENCY CONTACT _____ **PHONE** _____

In consideration of my child(ren)'s participation in the programs sponsored by the Police Athletic League of Buffalo (PAL), the undersigned hereby agrees not to sue, and hereby releases the PAL, its Board of Directors, members, agents, employees and volunteers from any and all liability for any damage or injury to me/my child(ren) or to the property, sustained by me/my child(ren) caused or resulting from any cause whatsoever. I also acknowledge that I assume all risk of injury from such participation in activities at any PAL facility or other program site and acknowledge that photographs of my child(ren) participating in this program may be used for promotion of PAL activities. By signing this release, I swear my/their participation in the intended use of the facility or program by me/my child(ren).

_____ **Parent or Guardian** (please print)

_____ **Parent or Guardian Signature**)

Please indicate the week(s) and time that you would like to register for:

___7/09 @ ___ 8:30–10 am OR ___10:15-11:45 am
___7/16 @ ___ 8:30–10 am OR ___10:15-11:45 am
___7/23 @ ___ 8:30–10 am OR ___10:15-11:45 am
___ 7/30 @ ___ 8:30–10 am OR ___10:15-11:45 am
___ 8/06 @ ___ 8:30–10 am OR ___10:15-11:45 am
___ 8/13 @ ___ 8:30–10 am OR ___10:15-11:45 am