

Village of Hastings on Hudson
Recreation Department
in conjunction with



Fall Tennis Program 2016

Pee Wee Tennis

3:30-4:00 p.m. ½ hour lesson

Children ages 4-5 years old

Fee: \$150.00/session

#1A Mondays

October: 17, 24, 31 November: 14, 21, 28 December: 5, 12

#1B Wednesdays

October: 19, 26 November: 2, 9, 16, 30 December: 7, 14

Children 6 – 8 years old

3:30-4:30 p.m.

Fee: \$170.00/session- Mondays

\$150.00/session- Fridays

#2A Mondays

October: 17, 24, 31 November: 14, 21, 28 December: 5, 12

#2B Fridays* (7 weeks only)

October 21, 28 November: 4, 18 December: 2, 9, 16

Children 9 – 12 years old

3:30-4:30 p.m.

Fee: \$170.00/session- Tuesdays

\$150.00/session- Fridays

#3A Tuesdays

October 18, 25 November: 1, 15, 22, 29 December: 6, 13

#3B Fridays* (7 weeks only)

October 21, 28, November: 4, 18 December: 2, 9, 16

All classes will be held at: The Tennis Club on River St.

For more information or if you have any questions, please
contact Kendra Garrison at Kgarrison@hastingsgov.org

To register, please go to <http://www.hastingsrecreation.org>
or come to the James Harmon Community Center during normal business hours.

Registration – Fall 2016

Make Checks Payable to: The Village of Hastings-on-Hudson

Child's Name: _____ D.O.B.: _____

Parent/Guardian Name: _____

Phone #: _____ Cell #: _____

Address: _____

Email: _____

Allergies: _____

Session (Please Circle One)-

#1A- Pee Wee (Mondays)

#1B- Pee Wee (Wednesdays)

#2A- 6 – 8 years old (Mondays)

#2B- 6 – 8 years old (Fridays)

#3A- 9 – 12 years old (Tuesdays)

#3B- 9 – 12 years old (Fridays)

Emergency Contact: _____ Phone #: _____

In consideration of your accepting this registration form, I the undersigned, for executors, my administrators, assignees and myself, do hereby discharge the Hastings-on-Hudson Recreation Department, all its sponsors, organizers, and their representatives and successors from all claims of damage demands, action and causes of actions whatsoever, in any manner arising or growing out of my participation in said program. I further attest that my child is physically qualified to participate in the program.

Parent's Signature: _____ Date: _____

