



**SPRING BREAK TENNIS CAMP**  
**THE HASTINGS RECREATION DEPARTMENT IN  
CONJUNCTION WITH THE US SPORTS INSTITUTE**  
**HILLSIDE TENNIS COURT**  
**APRIL 6<sup>TH</sup>-APRIL 9<sup>TH</sup>**



**AGES 5-14**

**9AM-12PM**

**\$165**

**A COMPREHENSIVE TENNIS EXPERIENCE- IMPROVE A WIDE VARIETY OF  
TECHNIQUES SUCH AS FOREHANDS, BACKHANDS, VOLLEYS, AND SERVES WHILE  
LEARNING RULES AND HAVING FUN**



**NAME:** \_\_\_\_\_

**PHONE** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**AGE** \_\_\_\_\_

**GENDER:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

IN CONSIDERATION OF ACCEPTING THIS REGISTRATION FORM, I, THE UNDERSIGNED, FOR MYSELF, MY EXECUTORS, ADMINISTRATORS AND ASSIGNEES, DO HEREBY DISCHARGE HASTINGS RECREATION DEPARTMENT, AND ANY AND ALL SPONSORS, ORGANIZERS AND THEIR REPRESENTATIVES AND SUCCESSORS FROM ALL CLAIMS OF DAMAGES, DEMANDS, ACTIONS AND CAUSES OF ACTION 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.

**PARTICIPANT SIGNATURE:** \_\_\_\_\_