



**NEWARK PARKS AND RECREATION
FALL 2016 ADULT TENNIS PROGRAMS**

TENNIS LESSONS

Tennis is one of the only sports that can be played by anyone at any age, at any time of year, and anywhere in the world? Whether you're new to tennis or have played for years – we invite you to enjoy the game with us and other tennis lovers. Lessons provide students with basic tennis technique and skill development. The objectives for each class are to teach you new skills appropriate to your level of play and to improve your existing skills. Bring your own racquet or borrow a-sized racquets. Tennis shoes are required. Tennis balls are provided. Bring water to class.

Fee: \$75 **RDF:** \$58

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Activity #:	Level:	Dates:	Days:	Times:	Location:
1633-316	Beg./Adv Beg.	Sep. 8 - Oct. 13	Thu.	5:45 - 7:15 p.m.	Fairfield Park
1633-306	Beg./Adv Beg.	Sep. 11 - Oct. 16	Sun.	5:45 - 7:15 p.m.	Handloff Park
1635-306	Int./Adv.	Sep. 12 - Oct. 17	Mon.	5:45 - 7:15 p.m.	Handloff Park

AGES 16 & OVER

Activity #:	Level:	Dates:	Days:	Times:	Location:
3633-316	Beg./Adv Beg.	Sep. 8 - Oct. 13	Thu.	7:30 - 9 p.m.	Fairfield Park
3633-306	Beg./Adv Beg.	Sep. 11 - Oct. 16	Sun.	7:30 - 9 p.m.	Handloff Park
3635-306	Int./Adv.	Sep. 12 - Oct. 17	Mon.	7:30 - 9 p.m.	Handloff Park

TENNIS WITH THE MAYOR

Ages 8 & over

Join City of Newark Mayor and tennis lover Polly Sierer on the court for this exciting opportunity. Kids can sign up for a free lesson and adults can test their mettle and compete against Newark's top elected official between the lines. This is a fun, informal way to get to know Mayor Sierer and also get a workout participating in her favorite sport. Sessions will rotate throughout Newark's voting districts. Mayor Sierer will also be out at Community Day (Sunday, Sep. 18 on the UD Green, see page 26) from 1 - 2:30 p.m. for some tennis in the streets.

AGES 8 - 15

Activity #: 1649-306	Fee: FREE
Dates: Sep. 24	
Days: Sat.	Hours: 6 - 7 p.m.
Location: Phillips Park	

Activity #: 1649-316	Fee: FREE
Dates: Oct. 16	
Days: Sun.	Hours: 6 - 7 p.m.
Location: Handloff Park	

AGES 16 & OVER

Activity #: 3649-306	Fee: FREE
Dates: Sep. 24	
Days: Sat.	Hours: 7 - 8 p.m.
Location: Phillips Park	

Activity #: 3649-316	Fee: FREE
Dates: Oct. 16	
Days: Sun.	Hours: 7 - 8 p.m.
Location: Handloff Park	

City of Newark Department of Parks and Recreation

Activity Registration Form

Please print and fill out completely.

RESPONSIBLE ADULT

First Name	M.I.	Last Name	Must reside within the corporate limits of Newark. Resident* ☐ Non-resident ☐	
Mailing Address			Birthdate	
City	State		Zip Code	
Home Phone	Work Phone		Cell Phone	
Email Address			Please check if you would like to have receipt and information emailed to you. ☐	

PARTICIPANT INFORMATION

First Name	M.I.	Last Name	Sex	Birthdate	Age
Activity Number	Activity Name			Total Fee	
				\$	
				\$	

First Name	M.I.	Last Name	Sex	Birthdate	Age
Activity Number	Activity Name			Total Fee	
				\$	
				\$	

HEALTH INFORMATION

Does participant have any allergies? Yes No

If yes, Please explain: _____

Does participant have any physical or mental conditions that might require special consideration/attention? Yes No

If yes, please explain: _____

TOTAL AMOUNT \$.

ADDITIONAL INFORMATION FOR YOUTH SPORTS LEAGUES

Sports program (please circle one) Basketball Soccer

League Name _____ Last Year's Team (if in same league) _____

Shirt Size (please circle one) Y/M Y/L A/S A/M A/L A/XL Is sibling in same league? Yes No Name _____

Is parent interested in coaching? Yes No Name _____ Phone number _____ Email _____

Emergency Release Waiver

I, the undersigned (or parent or guardian of _____) hereby authorize the City of Newark, Department of Parks and Recreation and emergency care personnel to provide and render necessary medical care and treatment of myself and/or the asforesaid child for any illness or injury, which may be suffered at any time while participating in Department of Parks and Recreation programs. It is understood that time permitting, specific permission from parent/guardian or family member will be secured in the event of any medical treatment or surgery is to be undertaken, but that, should an emergency arise, this authorization and consent will cover such an event. Also, I/we hereby accept responsibility for any accident which may occur in connection with this recreation activity, hold harmless the City of Newark, and all other parties involved in the promotion and/or conducting of the above named activity. As well, I/we understand that the City of Newark provides NO insurance coverage for this activity. I give permission for myself and/or my child to be photographed while participating and/or attending a Parks & Recreation activity. I understand that photos may be used in future publicity.

Signature (If under 18, parent/guardian must sign) _____ Date ____/____/____

The activities offered by the Newark Parks and Recreation Department are accessible to individuals with disabilities. If there are any reasonable accommodations that we might need to make for the participant to fully participate in this/these activities, please call the Parks and Recreation office to discuss the matter with the activity supervisor(s).

Please return registration form with payment to:
Newark Parks & Recreation Department
220 South Main Street
Newark, DE 19711
Fax (302) 366-7169

If you have questions about any of our programs, please call (302) 366-7000 or email parksrec@newark.de.us.

Payment type:	Cash	Check	Credit Card	Security Code
	☐	☐	☐	
Card #				
Exp Date	____/____		Name on card (Print) _____	
Make check(s) or money order payable to: CITY OF NEWARK				