

2020 Spring Session 2

Town of Islip

Tennis Lessons



Angie M. Carpenter, Supervisor
Town Board
Steven J. Flotteron · Trish Bergin Weichbrodt
John C. Cochrane, Jr. · Mary Kate Mullen

Olga H. Murray, Town Clerk · Alexis Weik, Receiver of Taxes
Thomas S. Owens, Commissioner, Parks, Recreation & Cultural Affairs www.islipny.gov

Provided by the Suffolk County Tennis & Education Foundation*



Instruction and activities provided by the Suffolk County Junior Tennis League*. www.scjtl.org
This program is designed for all levels! 10+Under Tennis format. Skills and match play and games.
HS/JHS sessions include school tennis team training session. Adults sessions use Instant Tennis format.

- Where:**
- **Cassamento Park** - Bay Shore NY
 - **Lake Ronkonkoma Beach Ctr** - 299 Rosevale Ave., Ronkonkoma

When: **Days:** Mondays and Wednesdays

Dates: 3 weeks: **June 1, 3, 8, 10, 15, 17**

Sessions: **Ages 4 to 6**- 5:00 to 5:30pm - **Ages 7 to 10** - 5:30 to 6:30 pm.- **Ages 11 to 17** - 6:30-7:30 pm

Adults 18+: Beg.- Adv. Beg. - Saturdays - 10:00 am to 11:30 AM - Town Hall West

Adults: ***Location:** Town Hall West **Days:** Saturdays **Dates:** 4 weeks: **May 30, June 6, 13, 20**

- **Broadway Avenue** - Broadway Ave Park, Sayville
- **Holbrook Country Club** - 700 Patchogue-Holbrook Rd, Holbrook

Days: Tuesdays and Thursdays

Dates: 3 weeks: **June 2, 4, 9, 11, 16, 18**

Notes This program's is open to Town of Islip Residents and Non-Residents. Tennis balls and racquets provided. Players may bring own tennis racquets. Scheduled sessions are tentative and subject to change based on enrollment.

Instruction: Rain cancellations made up on Fridays, or by adding extra sessions. Announced by email, web site, SCJTL program line. Call 631-590-5019 for information regarding cancellations due to rain, or visit www.scjtl.org (click "ANNOUNCEMENTS").

Fees: **Town of Islip Residents:** \$45pp: (Ages 4 to 6 (½ hr. group) \$90 pp: Ages: 7 to 10, 11 to 17, Adults (1 hr. group).
Non-Residents: \$55pp: K (ages 4 to 6 (½ hr. group) \$105 pp:).Ages: 7 to 10, 11 to 17, Adults (1 hr. group)

To Register: ONLINE: www.scjtl.org Click: Town of Islip

MAIL: Detach and complete registration form below. **Registration deadline received by: Friday, May 29, 2020**
Mail with payment to : SCJTL, 33 Sheppard Lane, Smithtown, NY 11787

Questions: 631-590-5019 | scjtl@ariastennis.com | www.scjtl.org

SELECT LOCATION:

Cassamento Pk : ___ Lake Ronkonkoma: ___
Broadway Ave. : ___ Holbrook CC: ___

SELECT SESSION: By grade.

Ages 4 to 6: 5:00 to 5:30pm ___*

Ages 7 to 10: 5:30 to 6:30pm ___

Age 11 to 17: 6:30 to 7:30pm ___

***Adults Sat.** 10:00 to 11:30am ___

PAYMENT: Indicate amount

Town of Islip Res.: *\$45: ___ \$90: ___

Non-Residents: *\$55: ___ \$:105 ___

Checks payable to SCJTL **Check #:** ___

2020 Town of Islip Tennis Lesson Registration Form- [Spring S2]

PARENTS NAME: First: _____ Last: _____

ADDRESS: _____

City: _____ NY Zip: _____

Town of Islip Res: ___ Non-Res: ___ (Confirmed by Town of Islip)

PHONE: Cell: _____ Home: _____

Email Address: _____

(Registration confirmed by email please write clearly).

PLAYERS NAME: First: _____ Last: _____

Age: ___ D.O.B: _____ Grade: ___ School: _____

Medical Alert: Contact _____ Phone: _____

WAIVER & PERMISSION SLIP: In consideration of being permitted to participate in Town of Islip programs the undersigned, for myself, successors, heirs and assigns agree that the Town of Islip, their affiliates, subsidiaries, agents, employees, board members, appointees, servants, officers, directors, assistants and volunteers, or designated appointee or contract vendee may take a photograph image or video graph image of myself/children and publish or print said images in any format whatsoever including publication on the internet, the Town of Islip website or any other form of media, including print media without compensation to the undersigned. The undersigned shall not receive any compensation for their participation in this program or from the use or sale of the media set forth above. I further hereby give permission for the above registered child/children to accompany the Recreation Department on the local trips. I understand that in case of inclement weather some outdoor trips may be canceled. I will have my child/children abide by the rules and polices of the Town of Islip. My consent is given with the understanding that the group will be escorted by recreation staff. The Town of Islip reserves the right to refuse entrance or eject any person whose conduct management deems to be disruptive or in poor taste and will not accept responsibility for damaged or lost personal items. I authorize my child to carry and use over the counter FDA approved sunscreen products and understand they will apply it themselves. In consideration of being permitted to participate in Town of Islip programs, the undersigned, for myself, successors, heirs and assigns releases and forever discharges the Town of Islip, their affiliates, subsidiaries, agents, employees, board members, appointees, servants, officers, directors, assistants and volunteers, or designated appointee or contract vendee, from all losses, claims, damages, actions or judgments I may have or claim to have against the Town of Islip or any party mentioned above, for all personal injuries, including death and injuries to property, whether real or personal, caused by or arising out of my participation in Town of Islip programs. I further agree for myself, successor, heirs and assigns to indemnify and hold harmless the Town of Islip and all parties mentioned above, from all losses, claims, damages, suits, actions or judgments for personal injuries, including death, and damages to property whether real or personal, and from all losses, claims, damages, actions and judgments recovered and from all expenses incurred in defending said claims or suits, including reasonable attorneys fees, costs and disbursements. I certify that the individual named above is in good physical condition and is able to take part in all afterschool program activities. If medical attention is needed I give permission for medical attention to be administered. I understand that every attempt will be made to contact me in the event of a medical emergency.

SIGNATURE OF PARENT/ GUARDIAN: _____ DATE _____