



**INCORPORATED
VILLAGE OF PORT JEFFERSON
RECREATION & PARKS
AT THE VILLAGE CENTER**

101-A EAST BROADWAY
PORT JEFFERSON, NY, 11777
(631) 802-2160



PROGRAM: **2008 SPRING YOUTH TENNIS**
(for Residents of PJ Village or School District #6)

DATES: **Tuesdays & Thursdays**
May 20, 22, 27, 29, June 3, 5

TIME	Pee Wee (ages 4 to 7)	4:30 to 5:00pm	_____
	Pee Wee (ages 4 to 7)	5:00 to 5:30pm	_____
	Juniors (grades 1 to 4)	5:30 to 6:30pm	_____
	Juniors (grades 4 to 8)	6:30 to 7:30pm	_____
	Juniors (grades 9 to 12)	7:30 to 8:30pm	_____

LOCATION: **PJ Village Courts**

INSTRUCTOR: **Arias Tennis Corp (Joe Arias & Staff)**

FEE: **\$45/Pee Wee \$70/ Junior**

REGISTRATION: **Register at the PJ Recreation Office, 2nd floor, PJ Village Center**
(Make checks to PJ Village)

NOTES/INSTRUCTIONS: *Program is run by the Arias Tennis Corp and is for PJ Residents only. Scheduled sessions are tentative and subject to change based on enrollment. Rain cancellations will be made up on Fridays, or by adding extra sessions. Call 631-590-5019 for information regarding cancellations due to rain, or visit www.ariatennis.com (click "announcements" button).*

2008 SPRING YOUTH TENNIS 5/20 TO 6/5/08

NAME: _____

GRADE: _____ AGE: _____ DATE/BIRTH: _____

ADDRESS: _____

PHONE: _____ E-mail _____

THE UNDERSIGNED AGREES THAT THE VILLAGE OF PORT JEFFERSON, ITS AGENTS, OFFICERS, ELECTED AND APPOINTED OFFICIALS AND EMPLOYEES SHALL NOT BE LIABLE FOR ANY CLAIMS, INJURIES, DAMAGES OR EXPENSES SUSTAINED BY THE UNDERSIGNED AS A RESULT OF PARTICIPATION IN THE ACTIVITY DESCRIBED ABOVE. THIS RELEASE FROM LIABILITY SHALL APPLY TO ALL SUCH CLAIMS, INJURIES, DAMAGES OR EXPENSES REGARDLESS OF WHO IS AT FAULT AND EVEN IF CAUSED BY THE NEGLIGENCE, NEGLECT OR FAULT OF THE VILLAGE OF PORT JEFFERSON, ITS AGENTS, OFFICERS, ELECTED AND APPOINTED OFFICIALS AND EMPLOYEES. THIS RELEASE IS MADE WITH KNOWLEDGE THAT THE VILLAGE OF PORT JEFFERSON PROVIDES NO INSURANCE TO COVER CLAIMS, DAMAGES OR EXPENSES WHICH MAY RESULT FROM THE DESCRIBED ACTIVITY.

SIGNATURE _____ DATE _____

For Office Use Only

Payment Received By: _____ Cash: _____ Check #: _____

