

# 2018 Spring Series 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:** Town Hall West\* - 401 Main Street, Islip NY

**When:** **Days:** Mondays and Wednesdays

**Dates:** 3 weeks: June 4, 6, 11, 13, 18, 20

**Broadway Avenue - Broadway Ave Park, Sayville**

**Days:** Tuesdays and Thursdays

**Dates:** 3 weeks: June 5, 7, 10, 12, 17, 19

**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 to 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 12, 19, June 2, 9 \*No class May 26

**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: May 8, 2018**  
Mail with payment to : SCJTL, 33 Sheppard Lane, Smithtown, NY 11787

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

**SELECT LOCATION:**

Town Hall West\* : \_\_\_\_\_  
Broadway Ave. : \_\_\_\_\_

**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 #:** \_\_\_\_\_

**2018 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 \_\_\_\_\_