

2017 SUMMER PROGRAMS

Now in our 27th year, PTP summer tennis programs have instructed over 10,000 students on public tennis courts in Northern New Jersey. The 2017 Summer Season will consist of 2 two week sessions for Tots and Juniors with Saturday classes available for tots and juniors. Please see the schedule for class information.

Tennis for TOTS

"TOTS" for ages 4-7 introduces your child to the basics of tennis. PTP's teachers emphasize that tennis is fun and exciting. Classes cost \$85 and meet on Mondays and Wednesdays for 2 consecutive weeks, or on 3 Saturdays for \$55.00.

Junior Two Week Group Classes

PTP focuses on making classes fun, full of exercise and learning the game's classical approach to stroke development. Practices utilize highly structured game drills and competition. Classes meet for 2 weeks for 1 1/2 hours on Monday, Tuesday and Wednesday and the cost \$195.00. For families with vacation conflicts we will accept one week registrations for our 2 week sessions, on a space available basis. The one week class cost is \$105.00

Saturday Morning Lessons for Juniors

This year we will offer Saturday morning lessons for Junior beginners/ intermediates. These classes will meet for 1 hour for three weeks at a cost of \$60.

Private and Semi-private Lessons

By Appointment only. Private and semi-private lessons can be scheduled before or after group lesson times.

2017 JUNIOR CLASS POLICY

The class size is 6-8 students. There is no class minimum. If you pre-register, PTP will teach the class. CLASSES WITH 2 STUDENTS ARE REDUCED TO 1 HOUR.

Registration will not be confirmed via telephone. Please go to the courts on the first scheduled day, weather permitting. Instructors will schedule one make-up class per week lessons not held due to rain or wet courts. No refunds will be issued for student absence. If a refund is authorized by PTP for medical reasons, there will be a 30% administrative fee charged.

Mail Registration form to:
PTP
204 Intervale Rd.
Mountain Lakes, NJ 07046

For questions or comments e-mail us at:
director@professionaltennisprograms.com
or call (973)334-2411

WEST ORANGE TOWNSHIP REGISTRATION FORM

MAKE CHECKS PAYABLE TO PTP

Amount _____
Participant's Name _____
Grade: _____ DOB: _____
School child Attends _____
Address _____
Email _____
Address: _____
Home _____
Phone _____ Cell _____

Parent #1: _____ Check One (V) M ___ F ___
Work Cell Phone: _____

Parent #2: _____ Check One (V) +M ___ F ___
Work Cell Phone: _____
Adult/Parent Business
Phone _____
Emergency Contact Name: _____

MUST indicate session number

Tots _____ **Junior** _____
PTP Offers Adult lessons in the evenings or Weekends.
Call for information.

Private or Semi-private Lessons Only:
please indicate dates/days and times you
prefer: _____

Detach and return to PTP

**JUNIOR TWO WEEK SMALL GROUP
CLASSES**

MONDAY thru WED \$195

Session	Date	Time	Level	Age
1	Jun 26-Jul 7	9:30-11	Beg/Int	8-14
2	Jul 10-Jul 21	9:30-11	Beg/Int	8-14

- No class Tuesday July 4th Make up Thursday 6th

JUNIOR SATURDAY CLASSES \$60

4	Jun 17-Jul 1	9:30-10:30	Beg/Int	8-12
5	Jun 17-Jul 1	10:30-11:30	Beg/Int	10-15
6	Jul 8-Jul 22	9:30-10:30	Beg/Int	8-12
7	Jul 8-Jul 22	10:30-11:30	Beg/Int	10-15

**TENNIS FOR TOTS
BEGINNER AGES 4 TO 7**

Session	Day	Dates	Time	Cost
1	M&W	Jun 26-Jul 5	8:45-9:30	\$85
2	Sat	Jun 17 –Jul 1	8:45-9:30	\$55
3	M&W	Jul 10-Jul 19	8:45-9:30	\$85
4	Sat	Jul 8-Jul 22	8:45-9:30	\$55

SUMMER 2017

JUNIOR & ADULT TENNIS CLASSES
FOR AGES 4 TO ADULT
JUNE 17 TO JULY 22
PRESENTED BY

**WEST ORANGE TOWNSHIP
RECREATION DEPARTMENT**

and

**PROFESSIONAL TENNIS
PROGRAMS INC.**

at

DEGNAN PARK
TENNIS COURTS

FOR PTP INFORMATION

e-mail:

director@professionaltennisprograms.com

or (973) 334-2411

Consent & Waiver

I give my permission for my child to participate in the WO Rec program designated above. I verify that the applicant is in good health and able to participate in vigorous activities. I hereby release PTP Inc., the West Orange Rec Dept., WO Board of Ed, the Township of WO, their organizers, servants, officers, volunteers affiliates and employees from any and all claims of action whatsoever arising out of participation in the above designated program. I understand that the parent and/or guardian is solely responsible for accidental, medical or dental expenses incurred as a result of participation in the above designated program. In the event of illness or injury to the applicant, I grant the program staff permission to provide emergency medical care. Further, I understand that the West Orange Rec Dept. follows a strict No Refund policy. Additionally, I give the West Orange Recreation Department & PTP permission to use my child's name and photographic image for any and all promotional uses.

Parent/Guardian Signature: X _____

Date: ____/____/____

NOTE: Registration is on a first come first-serve basis.
**Small group registration forms must be received one
Week before the start of class.**