

# SPRING 2020 REGISTRATION FORM

6 WEEKS - APRIL 13<sup>TH</sup> TO May 22<sup>ND</sup>

**OPEN TO NON-MEMBERS**

**5% OFF EACH ADDITIONAL CHILD**

**\$10 OFF EARLY REGISTRATION BY MARCH 13<sup>TH</sup>**

AGES	Mon - Wed	TIMES	PRICE	5% off
4 & 5 years	1 Day	3:30-4:00 pm	\$63 <input type="checkbox"/>	\$60 <input type="checkbox"/>

AGES	Mon - Wed - Fri	TIMES	PRICE	5% off
6-8 years	1 Day	4:00-5:00 pm	\$140 <input type="checkbox"/>	\$135 <input type="checkbox"/>
	2 Days	4:00-5:00 pm	\$220 <input type="checkbox"/>	\$210 <input type="checkbox"/>
	3 Days	4:00-5:00 pm	\$275 <input type="checkbox"/>	\$260 <input type="checkbox"/>

AGES	Mon - Wed - Fri	TIMES	PRICE	5% off
9-12 years	1 Day	5:00-6:00 pm	\$140 <input type="checkbox"/>	\$135 <input type="checkbox"/>
	2 Days	5:00-6:00 pm	\$220 <input type="checkbox"/>	\$210 <input type="checkbox"/>
	3 Days	5:00-6:00 pm	\$275 <input type="checkbox"/>	\$260 <input type="checkbox"/>

AGES	Mon - Wed - Fri	TIMES	PRICE	5% off
13 and over	1 Day	6:00-7:30 pm	\$190 <input type="checkbox"/>	\$180 <input type="checkbox"/>
	2 Days	6:00-7:30 pm	\$295 <input type="checkbox"/>	\$280 <input type="checkbox"/>
	3 Days	6:00-7:30 pm	\$440 <input type="checkbox"/>	\$420 <input type="checkbox"/>

For questions please contact: [mmunster102@gmail.com](mailto:mmunster102@gmail.com) or [folvikb@gmail.com](mailto:folvikb@gmail.com)

Please check box under choice

Child's Name	Age	Monday	Wednesday	Friday	EARLY REGISTRATION
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Parent Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone: \_\_\_\_\_

**Registration due by APRIL 3<sup>RD</sup>**

Checks payable to Cranford Swim Club (CSTC)  
CSTC, PO Box 25, Cranford, NJ 07016

Amount Enclosed: \$ \_\_\_\_\_

I the parent/guardian of the above-named child/children, hereby give m approval to participate in The Cranford Swim Club Children's Summer Tennis Clinic. I assume all risk and hazards incidental to such participation; and I do hereby waive, release, absolve, indemnify and agree to hold harmless the Cranford Swimming Club for any claim arising out of an injury to my child/children whether the result of negligence or from any other cause, except to the extent and in the amount covered by accident and liability insurance. Make-ups for RAIN DAYS will be on Friday of that week. Communication for cancellation of clinics due to inclement weather will be via email, cancellation of any clinic will be at the discretion of our tennis Pro.

Date Rec'd: \_\_\_\_\_

Check #: \_\_\_\_\_

Parent/Guardian (please sign & print name)

Date