



Hillsborough Tennis Plus

6 Dickerson Rd, Hillsborough, NJ 08844 www.BoroTennisPlus.com

JUNIOR PROGRAM (Fall 2021)

APPLICANT INFORMATION					
Last Name		First	M.I.	Date	
Street			Apartment/Unit #		
City		State	ZIP	Date of Birth	Gender
Home Phone		E-mail			
Cell Phone	Work Phone		School Name		Grade
Emergency Name & Phone #:					

Fall2021 – 8 weeks (Wednesday Sept 8th- Tuesday Nov 2nd)

					Drop-in
QuickStart	8 yrs. under	55 min	\$260		\$35/class
Beginner		55 min	\$260		\$35/class
Intermediate		55 min	\$260		\$35/class
Intermediate II		75 min	\$400		\$55/class
Junior Advanced		75 min	\$400		\$55/class
Advanced II		105 min	\$560		\$75/class
Junior Ladder	Qualified players	90 min	\$25/class*		\$35

Makeup policy: two missed class within a 15-week session (1 per 8-week session) can be made up in another class of the same level within the same session. 24 hour notice must be given and makeup needs to be approved by the club. No makeup is allowed to be carried over to next session or given credit.

Little Tennis
Saturday

QuickStart 8 & under						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/> 5-6:00pm <input type="checkbox"/> 4-5pm* <input type="checkbox"/> 3-4, 2-3 *			<input type="checkbox"/> 4-5:00pm <input type="checkbox"/> 5-6pm*	<input type="checkbox"/> 4:30-5:30pm *	<input type="checkbox"/> 5-6:00pm <input type="checkbox"/> 4-5pm *	<input type="checkbox"/> 1:30-2:30pm*



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Beginner, Intermediate, Advanced I, Advanced II, Junior Advanced						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Beginner <input type="checkbox"/> 1-2, 2-3, * <input type="checkbox"/> 3-4, 5-6pm	Beginner <input type="checkbox"/> 4-5PM	Beginner <input type="checkbox"/> 4:30-5:30PM <input type="checkbox"/> 6:30-7:30PM	Beginner <input type="checkbox"/> 4-5 PM <input type="checkbox"/> 5-6:00pm	Beginner <input type="checkbox"/> 4:30-5:30pm *	Beginner <input type="checkbox"/> 4-5 PM <input type="checkbox"/> 5-6pm*	Beginner <input type="checkbox"/> 10-11AM <input type="checkbox"/> 1:30-2:30PM*
Intermediate <input type="checkbox"/> 1-2, 2-3 *	Intermediate <input type="checkbox"/> 4-5pm				Intermediate <input type="checkbox"/> 5-6pm *	Intermediate <input type="checkbox"/> 10-11am
Intermediate II 9:30-11 am		Intermediate II <input type="checkbox"/> 4:30-6PM	Intermediate II <input type="checkbox"/> 6-7:30PM			Intermediate II <input type="checkbox"/> 1:30-3PM
J Advanced <input type="checkbox"/> 3:30-5 PM			J Advanced <input type="checkbox"/> 6-7:30PM			J Advanced <input type="checkbox"/> AM * <input type="checkbox"/> 1:30-3 PM
Advanced II <input type="checkbox"/> 1-3 PM	Advanced II <input type="checkbox"/> 5-7pm	Advanced II <input type="checkbox"/> 6-8pm	Advanced II <input type="checkbox"/> 5-7 PM	Advanced II <input type="checkbox"/> 5:30-7:30 PM		*Advanced II <input type="checkbox"/> 11-1 PM <input type="checkbox"/> 2:30-4:30 PM <input type="checkbox"/> 3-5 PM

1Advanced I classes pending approval with the coaches.

Classes with * may not run if less than 3 players sign up. Please indicate a 2nd choice when signing up for these classes.

Liability waiver: I hereby represent to Hillsborough Tennis Plus, LLC, its affiliates, shareholders, partners, officers, agents, servants, employees and representatives (collectively, "HTP"), that I (or my child) am in good physical condition and am able to safely participate in HTP's fitness and sports programs. I acknowledge that HTP urges every participant to have a medical check-up before participating in any of HTP's programs. I appreciate the danger of physical stress, strain, or injury and assume whatever risk is involved as a result of my (my child's) use of the facilities, equipment or services of HTP. I hereby release and hold HTP harmless from and against any and all claims, liability, loss, damage, or injury sustained or incurred in connection with my (my child's) use of the facilities, equipment or services of HTP, and waive any and all claims against HTP for any damage or liability resulting from or in connection with such use. I hereby authorize and consent for participant to be transported from HTP for such emergency medical treatment as may be determined to be in participants best interests by the appropriate medical personnel, and I and participant hereby release and hold harmless HTP in connection therewith. It is also agreed that HTP shall not be responsible or liable to me (or my child) for articles or property lost or stolen at HTP. It is also agreed that any damages to HTP facilities or property or to the property of any junior/adult by another junior/adult is the sole responsibility of the offending adult or junior's parent or guardian. I hereby grant HTP my consent and permission to use my (my child's) name, portrait, picture, image/video, statements and comments and to copyright, use and publish the same in whole or in part, in any media for purposes relating to the business and activities of HTP, including trade or advertising. I hereby release and discharge and assigns.

____ Yes, I accept all terms as outlined above

Signature of participant/parent/guardian: _____ Date: _____

Name (print) of participant: _____ Name (print) of parent/guardian: _____