

2021

NEWARK RECREATION
TENNIS
INSTRUCTIONAL PROGRAM FOR YOUTH

PROGRAMS DATES:

JULY 5th - AUGUST 20th

IVY HILL PARK

MOUNT VERNON PLACE
NEWARK, N.J. 07106

FOR MORE INFO OR TO
REGISTER YOUR CHILD
CONTACT US AT:

973-733-6454

AGE & PRACTICE SCHEDULE:

7-9	10:00am - 11:00am
10-12	11:00am - 12:00pm
13-14	12:30pm - 1:30pm
15-18	1:30pm - 2:30pm





City of Newark
Ras J. Baraka, Mayor

Municipal Council

Mildred C. Crump, Council President
Council Member-at-Large

Luis A. Quintana, Vice President
Council Member-at-Large

Augusto Amador
Council Member, East Ward

Carlos M. Gonzalez
Council Member-at-Large

John Sharpe James
Council Member, South Ward

Joseph A. McCallum, Jr.
Council Member, West Ward

LaMonica McIver
Council Member, Central Ward

Eddie Osborne
Council Member-at-Large

Anibal Ramos Jr.
Council Member, North Ward

Newark City Hall
920 Broad Street
Newark, New Jersey 07102



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COVID 19- HOLD HARMLESS CONSENT / REGISTRATION FORM

I agree (or give permission for if minor), (Name of participant) _____, to participate in the **Division of Recreation** activities. I hereby acknowledge that such activities (and general gathering of staff members) may include many risks, known and unknown, and I hereby accept and assume all risks associated with such activities. I further agree to hold the City of Newark, New Jersey, Division of Recreation its affiliates, agents directors, employees, volunteers and other persons associated with the City of Newark, New Jersey, Division of Recreation from any and all claims, demands, damages and cause of action of any nature whatsoever to my participation in those activities.

Program: 2021 TENNIS PROGRAM Dates: July 5th – August 20th, 2021

During the time of my participation (or that of the named minor) with the **Division of Recreation**, I hereby grant the City of Newark, Department of Recreation, Cultural Affairs & Services, Division of Recreation, its employees, and its agents full authority to take whatever actions they consider to be warranted for the protection of my or MINOR child's health and safety. In addition, I also hereby release each of them from any liability for any such decision and actions taken by them in connection therewith. The authority shall include the right to obtain for me or **Minor Child** named and without further consent, appropriate medical services and treatment. If medical treatment is required, the City of Newark will make its best efforts if injury involves Minor Child to reach the parent or guardian before authorizing medical treatment. The signature of the above named (or Minor Child's Parent/Guardian) desires [without coercion, promises of payment, threat, and of free will] to participate in the Division's [Recreation and Cultural Affairs] events and activities. I do hereby release and agree to indemnify and save harmless the City of Newark and its departments from all claims of any nature that may result from such participation.

I consent and agree that the Mayor's Office of Communication and the City of Newark, New Jersey can use all photographic images deemed appropriate by the division for promotional purposes in broadcast, print and/ or any other form of media.

Signature (Teen/Adult Participant): _____ Date: _____

Parent or Guardian of Minor Listed above: (Please print): _____

Signature of Parent/Guardian: _____ Date: _____

Relationship to Participant: _____

Home Address: _____ Zip Code: _____

Work #: _____ Home #: _____

Mobile/ Cell #: _____ Email address: _____

Participant's Age: _____ Participant's DOB: _____

Recreation Center: _____ Registered by: _____