



## JACKSONVILLE BEACH TENNIS CENTER 2011 – 2012 JR'S PROGRAM

Jacksonville Beach Tennis center would like to thank you for your participation in our junior program in (2010-2011), and /or our summer camps (2011). We are now ready to kick off the junior program for 2011-2012.

The program will run September 6th through the school year. A deposit of \$25 and a fee of \$7 per clinic will remain the same. Any cancellations on our part due to inclement weather will be credited off the next month's bill. Also, any cancellations on your part due to illness or travel will be credited on the next month's bill as long as we are notified **one hour** or more before clinic starting time. The monthly fee will be available in the pro shop the first clinic of every month.

Regular attendance is essential for the progress of your child. All students are requested to arrive on time in proper tennis attire, (tennis shoes a must) and while at the tennis center, conduct themselves in an orderly fashion. We reserve the right to dismiss a student due to disciplinary problems.

We will be offering a Beginner, Intermediate, and Advanced clinic, Along with Junior Team tennis on Friday afternoons. We recommend the following program for:

---

_____	<b>Beginners</b>	<b>Thursdays</b>	<b>5:00 pm - 6:00 pm</b>
_____	<b>Intermediate</b>	<b>Tuesdays</b>	<b>5:00 pm - 6:00 pm</b>
_____	<b>Advanced</b>	<b>Mon and Wed</b>	<b>5:00 pm - 6:00 pm</b>

We look forward to teaching the juniors in strong fundamentals of tennis and sportsmanship, while keeping it a lot of fun.

**Thank you!**  
**Jim Watford**  
**Tennis Director / Head Pro / PTR**  
**Jacksonville Beach Tennis Center**



JR'S PROGRAM 2011-2012
APPLICATION FORM

Please circle program Beginner Intermediate Advanced

Form with fields for JUNIOR NAME, ADDRESS, CITY, ZIP, Parent name, Cell#, Home #, Email, In case of emergency, please notify, Relationship, Phone, Cell #, Doctor's Name, Phone #, Any pertinent medical problems we should be made aware of, Is applicant on any prescribed medication(s).

Please make checks payable to:
Jim Watford

PHOTOGRAPHIC WAIVER:

I (PARENT OR GUARDIAN, OR INDIVIDUAL ~ PLEASE PRINT)
GIVE MY PERMISSION TO THE CITY OF JACKSONVILLE BEACH, TO TAKE PHOTOGRAPHS. I UNDERSTAND THAT THESE MAY BE USED FOR PROMOTIONAL MATERIAL BUT WILL NOT BE USED FOR THE PURPOSE OF PROFIT.

Huguenot Tennis Center
218 S. 16th Ave., Jacksonville Beach, Florida 32250
~ Phone: 904-247-6221/Fax: 904-242-3468 ~



# City of Jacksonville Beach

DEPARTMENT OF RECREATION, PARKS & OCEAN RESCUE  
2508 South Beach Parkway. Jacksonville Beach, Florida 32250

**Phone: (904) 247-6236 ~~ Fax: (904) 247-6143**

## DISCLAIMER

NOTICE FOR ADULTS and MINOR CHILDREN'S NATURAL GUARDIANS  
READ THIS FORM COMPLETELY AND CAREFULLY.

You are agreeing to let yourself and or your minor child engage in a potentially dangerous activity. You are agreeing that even if the City of Jacksonville Beach Parks and Recreation Department and the City of Jacksonville Beach uses reasonable care in providing this activity, there is a chance you and or your child may be seriously injured or killed by participating in this activity because there are certain dangers inherent in the activity which cannot be avoided or eliminated.

By signing this form you are giving up your child's, and or your right and your right to recover from the Jacksonville Beach Parks and Recreation Department, the City of Jacksonville Beach and its employees in a lawsuit for any personal injury, including death, to you and or your child or any property damage that results from the risks that are a natural part of the activity. You have the right to refuse to sign this form and the city of Jacksonville Beach Parks and Recreation Department and the City of Jacksonville Beach has the right to refuse to let you and or your child participate if you do not sign this form.

I have read and understand the terms of this Release.

\_\_\_\_\_  
Adult Participant Name (please print)

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Adult Participant

\_\_\_\_\_  
Parents or Guardians (of the minor) Name (Please print)

Date: \_\_\_\_\_

Signed

Child(s) Name: \_\_\_\_\_  
(Please print)