

# NEW FREEDOM RECREATION COMMISSION

## INDOOR YOUTH TENNIS PROGRAM WINTER 2024

**WHERE:** New Freedom Community Center

**DATES:** Sundays - February 4, 11, 18, 25; March 3, 10 (Makeup Dates 3/17 & 3/24)

**TIME:** 1:00 to 2:00 (Beginner)  
2:00 to 3:00 (Intermediate & Advanced)

**COST:** \$60.00 per participant for 6-week session. (\$10. Discount or \$50.00 for 2nd, 3rd, 4th, etc... sibling)

**INSTRUCTOR:** Marianne Michels, Susquehannock H.S. Girls & Boys Varsity Tennis Coach  
Cell #410-960-9147/Home #717-227-9007

### TWO WAYS TO REGISTER

**MAIL REGISTRATION TO:**

Marianne Michels  
14 McCurley Drive  
New Freedom, PA 17349

(Checks Made Payable to  
New Freedom Recreation Commission)

**SCAN THE QR CODE BELOW:**



**SCAN ME**

**CUT>**-----

**NAME OF FIRST CHILD:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

**SIBLINGS NAMES:** \_\_\_\_\_ **AGE/AGES:** \_\_\_\_\_

**TOTAL AMOUNT PAID:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**PARENTS NAMES:** \_\_\_\_\_ **PHONE:** (\_\_\_\_\_) \_\_\_\_\_

**EMERGENCY PHONE:** (\_\_\_\_\_) \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

Parents/Guardians are responsible for informing the instructors of any medical or other condition that would affect or limit participation.

I/We, the parents/guardian of the above named participant, hereby authorize and give permission for he/she to participate in the activities sponsored by or through the New Freedom Borough Recreation Board. I/We hereby release and forever hold harmless the New Freedom Borough Recreation Board, New Freedom Borough, the organizers and sponsors of the activity, and the employers, governing bodies, and volunteers of each from and against any claims, injuries, damages, costs or expense arising as a result of the child's participation in the activities sponsored by or through the New Freedom Recreation Board.

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_

**DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_