Online registration is also available at www.LegacyYTE.org

LEGACY
YOUTH TENNIS AND EDUCATION

National Junior Tennis and Learning Summer 2014

Dates: Mondays–Fridays, June 24–August 7, 2014

Times: 9 am–12 pm for Novice players (beginners)
1 pm–4 pm for Intermediate and Advanced players

Where: Tennis courts, parks & recreation centers throughout Philadelphia (site locations listed inside)

Eligible age: 7–17 (must be 7 by the start of the program)

Program includes: Tennis instruction from a trained coaching staff, team and individual match play (region and city-wide), reading and reflective writing activities, entry into a national essay contest, and t-shirt. Legacy will provide equipment but participants may bring their own racquets. Participants should wear appropriate clothing and sneakers and bring water, snacks, and sunscreen.

Our professional coaching staff consists of collegiate tennis players and experienced coaches, many of whom are former NJTL participants. They have been professionally trained to deliver quality tennis instruction; exciting on-court activities; and fitness and conditioning training, in a fun/friendly atmosphere.

We are grateful to our sponsors and partners:

Citizens Bank — GOOD BANKING IS GOOD CITIZENSHIP™
COMCAST
NBC 10
Telemundo 62
KVB Foundation
Lindy communities — come home to... Since 1939
NJTL — National Junior Tennis & Learning — Education Life Skills Tennis
PECO — An Exelon Company
Philadelphia Parks & Recreation

Sites and Tuition Information

Individual: $175 Family of 2: $275 Family of 3(+): $375

The costs listed above are for the entire summer: 7 weeks, 5 half-days per week.

NORTH REGION:

- **Ardmore Community Ctr.** N
  122 Ardmore Ave. 19003
- **Germantown Friends School** N I A
  31 West Coulter St. 19144
- * **Hunting Park** N F
  900 W. Hunting Park Ave. 19140
- * **Mander Playground** N
  2140 N. 33rd St. 19121

NORTHEAST REGION:

- **Boyle Recreation Ctr.** N I
  13024 Stevens Rd. 19116
- **Fox Chase Playground** N I
  7901 Ridgeway St. 19111
- * **Jardel Recreation Ctr.** N I F
  1400 Cottman Ave. 19111
- **Sturgis Playground** N I
  200 65th Ave. 19126
- **Torresdale Playground** N I A
  9550 Frankford Ave. 19114

NORTHWEST REGION:

- * **Awbury Recreation Ctr.** N I F
  101 Ardleigh St. 19138
- **Allens Lane** N I
  601 W. Allens La. 19119
- **Finley Recreation Ctr.** N
  7701 Mansfield Ave. 19150
- **Houston Playground** N I
  900 Grakyn La. 19128
- **Water Tower** N I
  200 E. Hartwell La. 19118

SOUTH REGION:

- * **Barry Playground** N I
  1800 Johnston St. 19145
- **FDR Park** A
  2000 Pattison Ave. 19145
- * **Finnegan Playground** N F
  6801 Grovers Ave. 19142
- **Markward Playground** N
  400-16 S. Taney St. 19102
- **Seger Playground** N
  1020 Lombard St. 19147

WEST REGION:

- * **BJTC Parkside-Evans Recreation Ctr.** N
  5300 Parkside Ave. 19131
- * **Cobbs Creek Recreation Ctr.** N I F
  700 Cobbs Creek Pkwy. 19139
- **Drexel University** N I A
  4400 Powelton Ave. 19104
- **Garden Court** N
  4700 Spruce St. 19143

* **Please use alternate registration form for these sites or register online at www.LegacyYTE.org**

N **Novice**
I **Intermediate**
A **Advanced**
F **Full-day site**

Please visit our website, LegacyYTE.org, for information about:

Scholarships - A limited number of reduced-tuition scholarships are available. A separate application form, with proof of family income, is required for scholarships. See the last page for more information.

Other summer offerings - Camps are also available at our Center located at 4842 Ridge Avenue, Philadelphia, PA 19129.

A calendar of NJTL events.

Low enrollment sites are subject to cancellation in the first week. Participants at those sites will be placed in the closest site.

Refunds are only given for site cancellations.

Contact Information:

Legacy Youth Tennis and Education, NJTL of Philadelphia

Kareem Bryant, Director of Neighborhood Based Programs • E-mail: Kareem@LegacyYTE.org

4842 Ridge Ave., Philadelphia, PA 19129 • Phone: (215) 487-9555 • Website: www.LegacyYTE.org

NJTL Registration Form – Summer 2014 Sites

PARTICIPANT(S) INFORMATION *(Please Print Clearly)*

Online registration is also available at www.LegacyYTE.org

CHILD 1

Preferred NJTL Site: _____

NJTL Level: Novice Intermediate Advanced

First Name: _____

Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____

Gender: Male or Female

CHILD 2*

Preferred NJTL Site: _____

NJTL Level: Novice Intermediate Advanced

First Name: _____

Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____

Gender: Male or Female

PARENT(S)/GUARDIAN(S) INFORMATION

Parent/Guardian First Name: _____ Parent/Guardian Last Name: _____

Parent/Guardian Cell: _____ Parent/Guardian E-mail*: _____

Relationship to child(ren): _____

Parent/Guardian First Name: _____ Parent/Guardian Last Name: _____

Parent/Guardian Cell: _____ Parent/Guardian E-mail*: _____

Relationship to child(ren): _____

Emergency contact: _____ Emergency contact phone: _____

How did you hear about us? _____

E-mail address is essential for timely notifications

CHILD 1 *(continued)*

T-Shirt Size: Youth: M L or Adult: S M L XL

School: _____

Grade: _____

Race/Ethnicity: African American; Asian American; Caucasian; Hispanic; Native American; Pacific Islander; Other

Has your child participated in other Legacy programs? Yes or No If yes, list program(s):

_____

_____

CHILD 2* *(continued)*

T-Shirt Size: Youth: M L or Adult: S M L XL

School: _____

Grade: _____

Race/Ethnicity: African American; Asian American; Caucasian; Hispanic; Native American; Pacific Islander; Other

Has your child participated in other Legacy programs? Yes or No If yes, list program(s):

_____

_____

**For more than two children, attach the above information onto a second sheet*

MEDICAL INFORMATION

(Attach additional sheets if more than one child)

Allergies/special conditions: _____

_____

Medications (Physician authorization form required): _____

_____

Are there any restrictions, physical or medical impairments that we should know about that might affect your child(ren)'s participation:

_____

_____

_____

Physician Name: _____

Physician Phone: _____

DISMISSAL AUTHORIZATION

My child(ren) will walk home from camp: _____

I will pick up my child(ren) from camp site: _____

Parent/Guardian Name: _____

Phone: _____

Other means of pick up, explain: _____

_____

_____

METHOD OF PAYMENT

Please see inside brochure for pricing.

Cash _____ Check _____ Money Order _____
(All checks and money orders should be made payable to Legacy Youth Tennis and Education)

Credit Card Authorization: (circle one)
Mastercard Visa AMEX Discover

Card Number: _____
Exp. Date: _____

Card Holders Name as it appears on credit card (print clearly): _____

Charge Amount: $_____

3 Digit Security Code: _____

Signature: _____

Date: _____

(A $35 fee will be charged on all returned checks)

Scholarship applications may be downloaded at www.LegacyYTE.org or obtained at the Legacy Center. A $50 application fee and income verification must be submitted for consideration by July 7, 2014. Provide two of the following three forms of income verification: 2010 W-2 tax form, Dept. of Public Assistance statement, and/or last three pay stubs. Approved families with household income at or below USDA SNAP income guidelines receive a flat rate of $50/participant, which is equal to $1.42/day.

PERMISSION STATEMENT

I hereby give permission for my child(ren) to participate in all NJTL program activities, travel to and from other program sites driven by authorized Legacy staff to compete in match competition or sponsored events.

I recognize that in the event that my child(ren) loses consciousness or is otherwise severely ill or injured while participating in NJTL programming, a Legacy coach/instructor will contact Emergency Medical Services immediately for treatment.

I agree that Legacy is not liable if my child is injured while at NJTL.

I agree to allow Legacy to photograph and video my child(ren) for future use of marketing, advertising, educational, and promotional reasons.

I agree to allow Legacy to periodically survey my child(ren) in order to assess their attitudes towards the program for the purposes of feedback and program evaluation.

I understand that Legacy reserves the right to excuse my child from the NJTL program for behavioral problems at the discretion of Legacy's staff.

By signing below, I agree to the statements listed above.

Parent/Guardian Signature: _____

Name (please print): _____

Date: _____

PLEASE MAIL FORMS TO:
Legacy / NJTL Registration
4842 Ridge Ave., Philadelphia, PA 19129

OFFICE USE ONLY: Paid: $ _____ Payment Date: _____ Owed: $ _____
Processing Employee (please print): _____ Method: _____