

ALBANY SQUASH 2009-10 JUNIOR PROGRAM

- When:** Thursday's after school approximately 4:30 – 6:30 and Saturday afternoon between approximately 1:00 & 4:00 pm.
- The first week is Thursday November 5th and Saturday November 7th and will run continually through April 2010. Thanksgiving, Christmas, New Year, February and April School breaks will be scheduled based on anticipated demand.
- Where:** The Court Club, 444 Sand Creek Road, Colonie (behind Colonie Center)
- Program:** Depending on the number of participants, there will be 2 one hour sessions on Thursdays and 2 or 3 one hour sessions on Saturdays.
- Players will be divided into beginner/novice and intermediate/advanced with both groups receiving instruction geared to their playing levels including games, drills, match play with an emphasis on the kids having fun.
- Equipment:** Racquets and eye protection will be provided for those who need them
- Cost:** Once per week (i.e. either Thursdays or Saturdays) \$100 for 10 weeks or Twice per week (i.e. both Thursdays and Saturdays) \$200 for 10 weeks or \$12 per session per child.
- Cost includes guest fee, court time and instruction
- More Info:** Contact Dan Sleasman, Jr. dsleasmanjr@gmail.com or by phone at 518.378.9872
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Sign-Up Form

Name: _____ **Age:** _____

Level: Beginner/Novice Intermediate/Advanced (Circle One)

Parent's Name(s): _____

E-Mail: _____ **Phone:** (H) _____ (W) _____

Release of Liability: I, as parent/guardian of the above-named player do hereby give my permission to participate in the 2009-10 Albany Squash Junior Program. I understand that the physical nature of squash involves inherent risks and hazards of physical injury. On behalf of such player, I hereby release and hold harmless the Capital District Squash Racquets Association, the Court Club and their respective directors, officers and employees from any and all claims, losses, damages or expenses arising out of any personal or bodily injury I may incur as a result of participation in such tournament. On behalf of such player, I assume all responsibility and certify that such player is in good physical health and is capable of participation in the Junior Squash Program.

Signed (Parent or Guardian): _____ Date: _____

Complete the Entry Form, sign the Release and return with your check, payable to the Albany Squash to:

Dan Sleasman 31 Buckingham Drive Albany, NY 12208

If your child has never played but is interested in giving squash a try, he/she is welcome to attend the first couple sessions before deciding whether to sign up for the entire program. Just send in the form and indicate you want to give the game a try.