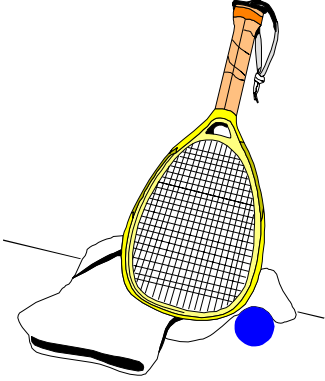


# JUNIOR RACQUETBALL



**LOCATION: HEALTHWORKS 1096 No. COLONY RD  
WALLINGFORD, CT 06492 (203) 265-2861  
SPECIALLY DESIGNATED SUNDAYS FROM 1:00PM – 2:00PM**

**ALL AGES AND SKILL LEVELS WELCOME. AGES 6 - 14  
PLAY AGAINST OTHER KIDS YOUR OWN SKILL LEVEL & AGE**

**SESSION FEES: HEALTHWORKS MEMBERS - \$10.00 + TAX  
NON-MEMBERS - \$35.00 + TAX (SESSION INCLUDES ALL DATES)**

**LEAGUE FEE INCLUDES: RACQUETBALL INSTRUCTION, ON COURT PLAYING TIME,  
AWARDS & PRIZES.**

**ALL EQUIPMENT WILL BE PROVIDED – EYGUARDS MANDATORY**

**TRAINING DATES: (SUNDAYS) SEPT. 19<sup>TH</sup>, OCT. 3<sup>RD</sup>, 17<sup>TH</sup> & 24<sup>TH</sup>, NOV. 7<sup>TH</sup> & 21<sup>ST</sup>,  
DEC. 12<sup>TH</sup>**

**AMPRO CERTIFIED INSTRUCTOR: JULIET CAMPBELL & MEMBERS OF TEAM CT  
FOR MORE INFO CALL JULIET @ (860) 678-7806 EXT 204**

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**Mail to:** Racquetball Programs Healthworks 1096 No. Colony Rd Wallingford, CT 06492  
**Email:** juliet.campbell@snet.net **Payment due 1<sup>st</sup> day of session**

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Home Ph. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Home Club \_\_\_\_\_ email Address \_\_\_\_\_

Mother's name \_\_\_\_\_ Work # \_\_\_\_\_

Father's name \_\_\_\_\_ Work # \_\_\_\_\_

**Waiver of Liability:** Upon participating in Activities/events sponsored by the Connecticut Racquetball Association (CRA), Team Connecticut, AmPRO, Connecticut Health Club, L.L.C. (DBA Healthworks), it's staff and/or affiliated associates. I/we understand and appreciate that observation and participation of the sport constitutes a risk to me/us of serious injury. I/we voluntarily and knowingly recognize, accept and assume risk and release the CRA, Team CT., AmPRO, Healthworks, it's associates, staff and event organizers from any liability therefrom.

\_\_\_\_\_  
**Parent's Signature**

\_\_\_\_\_  
**Date**