



2016 SUMMER YOUTH TENNIS

NAME: _____ AGE: _____ PHONE: _____

ADDRESS: _____ CITY/ZIP: _____

First Session – Start June 14

Second Session – Start July 12

Tuesday & Thursday:

8-8:50 am	Ages 8-10	_____
9-9:50 am	Ages 11-13	_____
10-10:50 am	Ages 8-10	_____
11-11:50 am	Ages 13-16+	_____

Tuesday & Thursday:

8-8:50 am	Ages 8-10	_____
9-9:50 am	Ages 11-13	_____
10-10:50 am	Ages 8-10	_____
11-11:50 am	Ages 13-16	_____

ALL CLASSES HELD AT RAMSEY PARK TENNIS COURTS

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the Cd'A Recreation Dept., its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with the above activities, I hereby release, discharge, and/or otherwise indemnify the Cd'A Recreation Dept., its affiliated organizations and sponsors, their employees and associated personnel, against any claim by or on behalf of the registrant as a result of the registrant's participation in the program.

CONSENT FOR MEDICAL TREATMENT (MINOR): As the parent of the above-named minor, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent.

PARENT SIGNATURE: _____

Fee: \$30.

Cut

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CHILD NAME: _____

Must supply own tennis racket and 3 tennis balls. Classes will be held at Ramsey Park.