

Office Use Only  
Ck# \_\_\_\_\_  
Date: \_\_\_\_\_

# Women's Tennis

Cost: \$35

Tues: 5:30 – 7pm (Intermediate) \_\_\_\_\_ Starts June 7<sup>th</sup>

Sun: 3:00 - 4 pm (Beginners) \_\_\_\_\_ Starts June 12<sup>th</sup>

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Emergency Contact Person

\_\_\_\_\_  
Emergency Phone Number

Is there any medical condition and/or allergy that the Recreation Department should be made aware of prior to your participation in this program?

\_\_\_\_\_ Yes  
\_\_\_\_\_ No

If Yes: \_\_\_\_\_  
(Specify)

## **Women's Tennis Program Waiver of Liability Form**

For participants in the Jamestown Recreation Department Tennis Program. In accordance with Section 7-6-9 of the Rhode Island General Laws (entitled "Exemptions from Liability to Participants in Sponsored Athletic or Sports Events") I hereby waive any liability that the Jamestown Recreation Department Tennis Program, its officers, directors, trustees, agents, servants, or employees might have for, and agree that said association, its officers, directors, trustees, agents, servants, or employees shall not be liable for any bodily harm to myself while participating in the Tennis Program, sponsored by the Jamestown Recreation Department. I realize that the Town does not provide medical insurance and that injuries incurred would be my responsibility.

\_\_\_\_\_  
Signature