Office Use Only
Ck#_____
Date:_____

Youth Tennis

Date: July 12th -August 18th, 2010
Location: Lawn Ave Tennis Courts
Cost: $55.00
Instructor: Jill Goldstein
8:30-9:00 and 9:00-9:30am Monday and Wednesday –ages 4-7 (will call to confirm two weeks before)
9:30- 10:30am Monday and Wednesday-ages 8-12

_____ _____ _____
First Name Last Name Age

_____ _____
Parent/Guardian Email

_____ _____
Street Address Phone Number

_____ _____
Emergency Contact Person Other Than Person Above Phone Number

Medical Information

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

____YES IF YES_____
(Please specify)
____NO

Youth Tennis Form
WAIVER OF LIABILITY FORM

For participants in the Jamestown Recreation Department Youth Tennis: In accordance with Section 7-6-9 of the Rhode Island General Laws (entitled "Exemption from Liability to Participants in Sponsored Athletic or Sports Events") I hereby waive any liability that the Jamestown Recreation Department Youth Tennis , 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 to my child while participating in the Youth Tennis, sponsored by the Jamestown Recreation Department. I realize that the Town **does not** provide medical insurance and that any injuries incurred would be my/our responsibility

_____
Signature of Parent/ Legal Guardian

Please make checks payable to Jamestown Parks and Recreation
Mail to: Parks and Recreation Registrations, PO Box 377, Jamestown RI 02835