


2019 Canal Futon Parks & Recreation Tennis Registration

Program:	Youth Tennis Lessons	Circle Class:	Ages 5-7 @ 9 a.m.; Ages 8-11 @ 10 a.m.; Ages 12-17 @ 11 a.m.
Days:	Wed and Fri - 6 classes/ session First or Second	Fee:	\$38 pp for Munchkin, Youth or Juniors Make checks payable to: City of Canal Fulton
Circle Session	June 12-28 or July 10-26		
Dates:			

Location:	Muhlhauser Park Tennis Courts: 853 Locust St. Canal Fulton
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Program Description:	Youth Tennis Lessons for beginners to advanced levels for ages 5-17 years of age. Taught by Tennis professional and coach, Kevin Knoch. Younger ages will use nets, balls and racquets adapted for their age. Limited Enrollment – Register Early – Payment is required at time of registration.
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Participant Information:	Name _____ Date of Birth ____/____/____ Age: _____
	Address: _____ City _____ Zip _____
	Home Phone _____ Parent Email _____
	(for post program feedback request)
	Special accommodations requested: _____ (Allergies, medications, special needs, etc.)

WAIVER AND RELEASE OF ALL CLAIMS:

Signature on this registration and waiver form is required of all participants. A parent or guardian must sign for participants under age 18.

As a participant or parent/guardian of a participant in this City of Canal Fulton sponsored program, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of any injuries, damages, or loss which I or my child/ward may sustain as a result of participating in any and all activities associated with this program.

I agree to waive and relinquish all claims against the City of Canal Fulton (and its officers, agents, servants, and employees) of injuries, damage, or loss which I or my child/ward may have as a result of my participation in this program. I further agree to indemnify and hold harmless and defend the City of Canal Fulton (and its officers, agents, servants, and employees) from any and all claims sustained by me and/or my child/ward arising out of, connected with, or in any way associated with the activities of the program.

Medical Treatment Consent: I also consent to emergency medical treatment for me or my child/ward if necessary. I agree to waive and relinquish all claims against the City of Canal Fulton (and its officers, agents, servants, and employees) incurred by an emergency treatment received.

Photo Consent: By participating in any City of Canal Fulton program or event, I agree to allow my photo to be used by the City of Canal Fulton in publications or future programming.

I recognize that my fax signature will be deemed the same as an original. I have read and fully understand the program waiver and the emergency medical treatment consent. This waiver form is completed and signed of my own free will.

Signature or Parent, Guardian, or Adult Participant: _____ Date _____

Office Use:	Date Received: _____	Payment Amount: _____	Cash / Check# _____
Staff Intl. _____			