2014 Canal Futon Parks & Recreation Tennis Registration

Program:	**Youth Tennis Lessons**	**Time:**	write class time here:
Days: **Circle Session** **Dates:**	Wed and Fri - 6 classes/ session First or Second June 11-27 or July 9-25	**Fee:**	**$33 pp for Munchkin, Youth or Juniors** Make checks payable to: City of Canal Fulton
Circle class:	Munchkins (5-7) 9-10 am	Youth (8-11) 10-11 am	Juniors (12-17) 11-12 noon
Location:	**Muhlhauser Park Tennis Courts** 853 Locust St. Canal Fulton		
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. Afternoon classes could be offered if morning classes fill to maximum allowed number of participants		
Registration:	Completed waiver and payment is required at time of registration. Drop off completed forms to: Canal Fulton Canalway Center 125 Tuscarawas Street Canal Fulton, OH 44614. Additional information by contacting: 330-854-6835 or canalway@cityofcanalfulton-oh.gov		
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._____