

# KIDS TENNIS REGISTRATION 2018 - 2019

## ONLY ONE REGISTRANT PER FORM

1. **Please fill out a separate form for each participant.**
2. Submit completed registration form along with payment by check payable to:  
Loyalsock Township, 1607 Four Mile Drive, Williamsport, PA 17701. Do NOT send cash!  
Registration will not be processed without **ALL** requested information, signature, and payment.
3. There is a \$10.00 fee to process any refund. All refunds must be approved by the Recreation Director.

**REGISTRATION FEE: \$25.00 Resident \$35.00 Non-Resident**

**SESSION I: October 27 – November 24, 2018: Saturdays Only (November 5<sup>th</sup> No Tennis)**

**SESSION II: January 5 – January 26, 2019: Saturdays Only**

**TIMES: Ages 6 – 11: 2:00pm – 2:45pm and Ages 12 - 17: 3:00pm – 3:45pm**

### PARTICIPANT'S INFORMATION

PLEASE PRINT

PARTICIPANT'S

NAME: \_\_\_\_\_ AGE ON 1<sup>ST</sup> DAY OF PROGRAM \_\_\_\_\_  
(last) (first)

CIRCLE SESSION: SESSION I (OCTOBER 27 – NOVEMBER 17, 2018) OR SESSION II (JANUARY 5 – JANUARY 26, 2019)

DATE OF BIRTH: \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ Phone # \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

### MEDICAL INFORMATION

List any physical condition, medication (prescription or otherwise) taken to treat it, and physical restrictions resulting from listed condition (no medication will be given by staff members during the program): Please use the back of this page if more space is needed.

Condition: \_\_\_\_\_ Rx: \_\_\_\_\_ Restriction: \_\_\_\_\_

Allergies to food or medication: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE # Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

### RELEASE AND ACKNOWLEDGMENT

In consideration of being permitted to participate in activities sponsored by the Township of Loyalsock and/or its

Recreation Board, I am aware of, acknowledge and agree to the following for \_\_\_\_\_:  
(Participant's Name)

1. That such activities can result in injury to the participant and the participant's property;
2. That the participant is medically able, equipped and properly trained to participate in such activities;
3. That the participant shall abide by the decision of any official or representative of Loyalsock Township and/or its Recreation Board relating to their ability to participate safely in such activities;
4. That the participant shall abide by all rules and regulations for the activities in which they are participating;
5. That the participant and I are assuming all responsibility and risks associated with such activities, including but not limited to:
  - a. Falls;
  - b. Contact with other participants;
  - c. Weather;
  - d. Natural and man-made conditions; and
  - e. All other risks or hazards encountered while participating, observing and/or traveling to and from such activities;
6. That I consent for the participant to receive immediate, emergency first aid and medical treatment, if necessary;
7. That I have read, understood and voluntarily signed this Release and Acknowledgment and agree to its terms, and that no oral representations, statements or other inducements have been made to me other than those contained in this written document.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Office Use Only: Date Paid \_\_\_\_\_ Amount Paid \_\_\_\_\_ Check # \_\_\_\_\_ Receipt # \_\_\_\_\_