

City of Tallahassee
Parks, Recreation, & Neighborhood Affairs
2009 Adult Tennis Clinic Registration

Participant's name _____ age _____
Address _____ City _____ State _____ Zip _____
Phone: _____ (home) _____ (work) _____ (cell)
Residence: _____ City _____ County _____ other _____ (please check one)
Email address _____
1st Choice _____ Time: _____ Site: _____ Day: _____
2nd Choice _____ Time: _____ Site: _____ Day: _____
3rd Choice _____ Time: _____ Site: _____ Day: _____

***All perspective clinic participants must validate their level with a Tennis Division instructor**

Medical notes:(example: allergic to peanuts)

Consent: It is understood that participation in sports may cause injuries. It is also agreed by my signature below that in the event that I am disabled, injured or incurs a disease of a temporary or permanent nature while participating, to waive all claims or liabilities against the City of Tallahassee, coaches, and the Parks, Recreation, & Neighborhood Services. The Parks, Recreation, & Neighborhood Services Department reserves the right to photograph/videotape facilities, activities, and program participants for potential future use. All photos/footage will remain the property of the department and may be used for publicity or promotion purposes only.

Signature _____ Date _____

Office use only:

Amount received _____ Received by _____ Date Received _____

Class _____ Time: _____ Site: _____

Method of Payment: Cash _____ Check _____ Credit _____

Also paid for _____ Amount _____