

Junior Tennis Registration 2017

210 State St. 231-547-3252 www.cityofcharlevoix.org

Tennis lessons are offered for ages 7 and up at the Charlevoix City Tennis Courts located on Elm St. near the Charlevoix Golf Club. Lessons are Mondays and Fridays of each week. Developmentally appropriate equipment will be used.

Private lessons may also be scheduled by calling the instructors.

Questions: call tennis instructor Gunnar Lundteigen at 231-675-8312 or Erik Lundteigen at 231-675-6672.

SPACE IS LIMITED. Please check your selection.

___ Session 1 Mon & Fri June 12th - July 3th 7 lessons (July 7th will be a rain day make-up if needed)
___ Session 2 Mon & Fri July 10th - July 31st 7 lessons (August 4th will be a rain day make-up if needed)

___ BEGINNER, 7 - 9 YEAR OLDS: 2:00 - 2:50
___ BEGINNER, 10 - 12 YEARS OLDS: 3:00 - 3:50
___ INTERMEDIATE, ANY AGE: 4:00 - 5:00

Cost: \$75.00 resident/ \$80.00 non-resident for lessons (plus rain day) per session

RETURN REGISTRATION AND PAYMENT TO CITY OF CHARLEVOIX RECREATION DEPARTMENT: 210 STATE ST., CHARLEVOIX, MI 49720

Child Name: _____ Gender: _____ Age: _____
Parent(s) or Legal Guardian
Name: _____ Address: _____
City: _____ State: _____ Zip: _____
Email: _____
Phone Home: _____ Cell: _____ Work: _____
Emergency Contact: _____ Phone Number: _____

Does your child have any allergies? Yes/No Does your child have any recurring or chronic illnesses? Yes/No
Does your child require a special diet? Yes/No Does your child take any special medications? Yes/No
Has your child had any serious injuries or operations? Yes/No Does your child have any restrictions? Yes/No
Explanation: _____

AUTHORIZATION: The above health history is correct to the best of my knowledge. If I cannot be reached in an emergency, I give my permission to the physician selected by the instructor to hospitalize, treat/secure proper treatment for, and order injections, anesthesia, or surgery for my child. Moreover, I have read and completed this applications/registration and give my permission for all authorizations and releases indicated.
SIGNATURE OF PARENT/GUARDIAN: _____

I am an adult and guardian of this child and wish him/her to participate in the activities. As a conditions to being permitted to utilize the facilities, services, and programs of the City of Charlevoix for any purpose, including but not limited to observation or use of the facilities and grounds, or equipment, or participation in any off-site program affiliated with the City of Charlevoix, I understand, acknowledge, agree, and represent that I have inspected and carefully considered the facilities and programs. I understand that even when every reasonable precaution is taken, accidents can happen. As a condition to participation by me or my children in City of Charlevoix activities, on my behalf and behalf of my children, I waive and release any claims or loss of injury incurred or suffered which I or my children might make against the City of Charlevoix, its sponsors, officers, employees, volunteers, or contractors as a result of participating in City of Charlevoix activities or using its facilities. I further agree to indemnify the City of Charlevoix against and hold it harmless from loss incurred as a result of claims against it based upon alleged actions or omissions by me or my children.

I understand that the City of Charlevoix is not responsible for personal property lost, damaged, or stolen, while program participants are using the City of Charlevoix facilities, on City of Charlevoix premises, or involved in City of Charlevoix programs. I give my permission to the City of Charlevoix to use without limitation or obligation, photographs, film footage, or recordings, which may include me or my children's image or voice for the purpose of promotion or interpreting City of Charlevoix programs.

I acknowledge and agree with the waiver agreements set forth above.

SIGNATURE OF PARENT/GUARDIAN _____ DATE: _____