

# JUNIOR TENNIS REGISTRATION 2018

231-547-3253 (Recreation Department)

[www.charlevoixmi.gov](http://www.charlevoixmi.gov)

[www.charlevoix.recdesk.com](http://www.charlevoix.recdesk.com)

Tennis lessons are offered for ages 7 and up at the Charlevoix City Tennis Courts located on Elm Street near the Charlevoix Golf Club. Lessons are Tuesdays and Thursdays of each week.

Developmentally appropriate equipment will be used.

Private lessons may also be scheduled by calling the instructors.

Call tennis instructor Gunnar Lundteigen at 231-675-8312 or Erik Lundteigen at 231-675-6672 with questions.

**SPACE IS LIMITED**

## Please check your selection:

\_\_\_\_\_ Session 1 - Tuesdays & Thurs days - June 12<sup>th</sup> - July 3<sup>rd</sup> - 7 lessons (July 5<sup>th</sup> will be a rain day make-up if needed)

\_\_\_\_\_ Session 2 - Tuesdays & Thursdays - July 10<sup>th</sup> - July 31<sup>st</sup> - 7 lessons (August 2<sup>nd</sup> will be a rain day make-up if needed)

## Please check appropriate group:

\_\_\_\_\_ Beginner - 7 - 9 Year Olds: 5:00 - 5:50PM

\_\_\_\_\_ Beginner - 10 - 12 Year Olds: 6:00 - 6:50PM

\_\_\_\_\_ Intermediate - Any Age: 7:00 - 8:00PM

**Cost: \$80.00 resident / \$85.00 non-resident per session**

**Return registration and payment to City of Charlevoix Recreation Department: 210 State St., Charlevoix, MI 49720**

Child's Name \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent(s) or Legal Guardian Name \_\_\_\_\_

Parent(s) or Legal Guardian Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email address required) \_\_\_\_\_

Phone # Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Contact (if different from above) Name \_\_\_\_\_ Emergency Phone \_\_\_\_\_

## HEALTH HISTORY

\*\*Please answer the following questions by circling either "yes" or "no." If "yes," please explain below or attach additional sheet(s). This information is requested for the benefit of your child and will not be used for any other purpose.

Does your child have any allergies? Yes No

Does your child have any recurring or chronic illnesses? Yes No

Does your child take any special medications? Yes No

Does your child have any serious injuries or operations? Yes No

Does your child have any restrictions or require any special assistance? Yes No

Explanation(s) \_\_\_\_\_

**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 camp director to hospitalize, treat/secure proper treatment for, and order injections, anesthesia, or surgery for my child. Moreover, I have read and completed this application/registration and give my permission for all authorizations and releases indicated.

SIGNATURE of

PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

**WAIVER:** I am an adult and guardian of this child and wish him/her to participate in the activities. As a condition 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 of loss or 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 tape 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 \_\_\_\_\_