

SOUTHBRIDGE

FREE SUMMER TENNIS CLINIC at West St

Available to any skill level including beginners!
Learn basic tennis skills while having fun.
Bring a water bottle and a positive attitude!
Equipment will be provided.

JULY 23rd – 26th TIME: 3 pm – 4 pm

ONE APPLICATION FOR EACH CHILD PARTICIPATING (* Required information)

*Child's Name _____

*Date of Birth _____ *Age _____ Children MUST be 7 years of age as of July 1, 2018

*Guardian or Primary Care Giver _____

*Phone # 1: _____ *Phone # 2 _____

*Address _____

* Additional Emergency contact: _____ *Phone: _____

Please list any medical conditions or allergies the staff should be aware of:

TOWN OF SOUTHBRIDGE

Department of Recreation
Summer Recreation Program
153 Chestnut St.
Southbridge, MA 01550

Contact the Recreation Director, Steven Roenfeldt for more information
508-764-6459 or sroenfeldt@southbridgemass.org

Town of Southbridge
Recreation / Volunteer Release Form

I, the undersigned _____, do hereby consent to my participation in voluntary or recreation programs of the Town of Southbridge.

I also agree to forever release the Town of Southbridge and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in any voluntary or recreation programs of the Town ("the Releasees") from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to myself or property damage resulting from my participation in the Town of Southbridge voluntary activities or recreation programs.

I also promise, to indemnify, defend, and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to myself or property damage resulting from participation in the Town of Southbridge voluntary activities or recreation programs.

I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my participation is voluntary and that I am free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to participate in the Town as a volunteer or in its recreation programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage that I may suffer in Town of Southbridge voluntary activities or recreation programs.

Name of Program: Tennis Clinic

Location: West St Tennis Courts

Participant or Guardian Signature: _____

Participant Name if different than above: _____

Date: _____

Additional Permissions...

I _____ parent or guardian of
_____ gives my permission

_____ **For my child to walk or bike home at the end of the day**

_____ **For my child to be photographed during the Summer Recreation Programs**