

**SHENANDOAH PARKS AND RECREATION
TENNIS CAMP-\$30-1st grade through 11^h grade**

Paid: _____
CK. # _____

- **Print legibly.**

Childs Name: _____ Age: _____ Sex: Male/Female
(Circle One)

Grade in School: _____ Birth date: _____
(Grade this past school year) (1st through 12th grade)

Parent/Legal Guardian: _____ Address: _____

Email address: _____ (print legibly)
Important to have for schedule change notification

Home/Cell ph. #: _____ Work ph. #: _____

Emergency contact: _____ Phone #: _____

Please Like our Shenandoah Parks and Recreation Facebook Page for Updates!

www.facebook.com/shenandoahparksandrec

LIABILITY WAIVER AND PERMISSION AGREEMENT

By signing this agreement, I the participant, parent, and/or guardian understand that participation in this activity may result in some type of injury. I hereby give permission for my child, ward, or myself to participate in the below registered activity and certify that myself or my child is physically fit to join in the activities. I hereby waive, release, and agree not to hold the city of Shenandoah and/or its employees or any volunteer parent coaches, sponsors or supervisors liable for any injuries that may occur as a result of participation in these activities. I also give my permission for any photos/videos, etc. of these participants during this activity to be used for future departmental promotional materials.

Shenandoah Parks and Rec. youth sports
ACTIVITY

03/21/19
DATE

PARENT OR GUARDIAN SIGNATURE

DATE