

RAVENNA RECREATION DEPARTMENT
YOUTH TENNIS CAMP 2010

Child's Name _____ Age _____ Grade _____ Birthdate ____/____/____
(Entering Fall 2010)
Female ___ Male ___ Address _____ City _____
Parents Name _____ Home Phone _____ Work Phone _____
Cell Phone # _____ Pager # _____ Fax # _____
E-Mail Address _____
Doctor's Name _____ Doctor's Phone _____

Emergency No. - Please list 2 names and phone numbers (Family, Friend, etc.)

1. Name: _____ Phone No. _____
2. Name: _____ Phone No. _____

Special Medications/Allergies, etc. _____

Does your child attend Summer Playground Camp at City Park? ___ Yes ___ No If so, hours _____

AGREEMENT TO PARTICIPATE:

I, in consideration of the permission hereby granted to participate in the Ravenna Recreation Department Youth Tennis Camp 2010, agree to assume the risk of any and all personal injuries, or property damage, and to hold harmless the City of Ravenna, Ravenna Parks and Recreation Department, Ravenna School System, or their agents, employees, and volunteers from any and all injuries or property damage arising from this Camp, and hereby release any and all claims of whatever nature arising therefrom.

SIGNED CHILD/PARENT OR GUARDIAN understands that he/she must pay all hospital and ambulance costs incurred. I further understand that if I/my child am/is injured, or the situation necessitates the calling of any medical services and the use thereof, I hold full responsibility for any liabilities arising out of these services, and will not hold the City of Ravenna, Ravenna School System, nor any constituent thereof, responsible. I/my child further grants permission for emergency first aid to be administered to him/her in case of injury incurred.

SIGNED CHILD/PARENT OR GUARDIAN agrees to obey all Rules and Regulations set forth by the Ravenna Parks and Recreation Department and the Recreation Supervisor, agrees to obey his/her coach, and voluntarily agrees to participate in the Youth Tennis Camp.

SIGNED CHILD/PARENT OR GUARDIAN are aware of the risks and potential dangers involved in the sport of Tennis, including but not limited to scrapes and scratches from falling, pulled muscles from running, and possible fractures, or any other mishaps which may occur or originate in the spirit of the camp before, during or after.

SIGNED CHILD/PARENT OR GUARDIAN maintains that he/she/his/her child is physically fit and sufficiently trained to participate.

SIGNED CHILD/PARENT OR GUARDIAN understands that the Parks and Recreation Department is doing everything it can to provide safe and sanitary conditions for the Camp.

SIGNED CHILD/PARENT OR GUARDIAN understands that the Parks and Recreation Department will not provide insurance coverage for this Camp. It is the responsibility of the parent to provide necessary coverage for their child.

SIGNED CHILD/PARENT OR GUARDIAN understands that if the registrant wishes to withdraw from the program before it begins, a refund of 75% of the paid fee will be granted for those refunds requested one week prior to the start of the Camp. NO refunds will be granted after one week prior to the start of the Camp.

SIGNED CHILD/PARENT OR GUARDIAN maintains that he/she has read this agreement and acknowledges responsibility for himself/herself/my child for all above statements.

SIGNATURE _____
(CHILD)

SIGNATURE _____
(PARENT OR GUARDIAN)

*** Permission to record and photograph child participating in activities:**



I hereby release Ravenna Parks and Recreation rights to my child's photo likeness. I understand this photograph may be edited and placed in publication and thereafter the photograph may be otherwise available. I agree to release, discharge and save harmless Ravenna Parks and Recreation, including its representatives or designees, from any legal proceedings which may arise in relation to the conditions of the above paragraph.

Please check one:

_____ **Yes, I give my permission** _____ **No, do not photograph or record my child**

Parent or Guardian's Signature

Date

HOW DID YOU HEAR ABOUT THIS PROGRAM? _____