

# PROSPERITY TENNIS CAMP

*In Partnership with the Newberry County Recreation Department*

## FUNDAMENTAL CLINIC

**Instruction Provided By Catherine Dunagan (Newberry College Tennis Coach)**

**DATE: July 12<sup>th</sup> – 16<sup>th</sup>**

**TIME: 8:30 – 9:30 Ages 4-8 years old**

**TIME: 9:45 – 10:45 Ages 11 -Up**

**COST: \$50.00 – PER STUDENT**

**WHERE: PROSPERITY TENNIS COURT**

**DEADLINE TO REGISTER: July 8, 2010**

### WHAT TO BRING:

**Tennis Racquet**

**Water Bottle**

**NAME:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **Circle One: Male/Female**

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_ **Emergency Ph** \_\_\_\_\_

I acknowledge that there are certain risks of physical injury to participants in this program and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that I/my child may sustain as a result of participation. I further agree to waive and relinquish all claims I/my child may have as a result of participating in this program against Newberry County, Town of Prosperity, its officials, agents, volunteers, sponsors, and employees.

If I/my child is injured, becomes ill, or needs medical attention for any reason, this authorizes program staff to assist me/my child and to call for medical assistance. My child will be transported to the nearest medical facility decided by emergency personnel unless instructed otherwise in writing by parent. I understand I am responsible for all costs incurred in any such medical emergency.

**I have read and fully understand this waiver and release.**

**PARENT OR LEGAL GUARDIAN SIGNATURE** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FORMS CAN BE TURNED INTO THE TOWN CENTER OR MAILED TO:**

**TOWN OF PROSPERITY**

**PO BOX 36**

**PROSPERITY, SC 29127**

For Office Use Only: Date Paid \_\_\_\_\_ Cash \_\_\_\_\_ Check# \_\_\_\_\_