



# Tennis Registration Form 2019

<http://cityofstorycity.org/parksandrec/>

### Tennis Ages 5-14

**June 10th-28th**

**Monday & Wednesdays**

- 5-8 y/o 11am     9 & older 12pm  
 \$60 Now-May 17th     \$70 May18th-31st

**Deadline is May 31st**

Tennis professionals from Ames Fitness Center will conduct the lessons

**RETURN REGISTRATION TO RECREATION CENTER 826 ELM AVE**

**Checks Payable to "City of Story City"**

Program Name	Resident Fee	Non Resident Fee	\$10 late fee if applicable	Total Fee
Participant's Last Name	First Name	M.I.	Gender M / F	Birth date ____/____/____
Street Address		City, State	Zip Code	Home Phone
Parent or Guardian	Relationship to participant	Work Phone	Cellular/Other Phone	
Parent or Guardian	Relationship to participant	Work Phone	Cellular/Other Phone	
E-Mail Address (REQUIRED)				
Participant's Physician Name	Physician's Phone Number		Choice of Hospital	
In addition to the parents/Legal Guardian, I authorize only the following person to be contacted in an emergency if the parent/legal guardian cannot be contacted.				
Name	Relationship to child/youth	Home Phone	Work Phone	Cellular/Other Phone

#### STORY CITY PARKS AND RECREATION YOUTH SPORTS PARTICIPATION RELEASE OF LIABILITY

The Story City Parks and Recreation Department recommends that all participants seek a medical opinion and release/consent by a licensed physician for physical fitness prior to participating in organized sports and recreational activities.

**PLEASE READ CAREFULLY AND SIGN**

I am the legal guardian of \_\_\_\_\_, who has my permission to participate in this Story City Parks and Recreation program. The undersigned guardian and ward understand that the proposed participation by said ward in recreational sports or activities may pose a risk of injuries and/or death. With that in mind, I hereby, for myself, the above-referenced ward, and our heirs, executors, administrators and assigns, waive any and all rights and claims to damages I may have against the City of Story City, the Central Iowa Rec League (CIRL), and their subcommittees, agents, representatives, and assigns, whether employed or volunteer, for any and all injuries or damages suffered by me or my ward as a result of participating in said recreation program. I authorize Story City Parks and Recreation volunteers to seek medical attention for my ward in the event of an emergency. I also understand and agree that photographs may be taken and used for future program publicity.

The undersigned acknowledge that we have read the foregoing and we understand that same is intended to limit the liability of the City of Story City and the Central Iowa Rec League.

\_\_\_\_\_  
Legal Guardian of proposed participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Ward and proposed participant

\_\_\_\_\_  
Date

