



## After School Tennis

Date: Tuesdays and Thursdays, Sept. 11 – Sept. 27, 2018  
(other dates may added in October pending weather)

Time: 3:15 p.m. – 5:00 p.m.

Site: Hemlock Park Tennis Courts

Cost: FREE (Tennis racquets provided for use if needed)

Ages: This program is for students in grades 5 – 8. BRCTA has teamed up with the Ferris State Professional Tennis Management Program and the FSU Club Tennis Team to provide this great opportunity!

*Space is limited to 24 students per class. To register, please complete the form on the reverse city and turn it in to the City of BR Recreation Department. For more information, please visit [www.brpr.org](http://www.brpr.org) or call 231-592-4038 or call Larisa Draves, BRCTA President, 231-823-0015.*



<p style="text-align: center;"><b>Child Participant</b></p> <p>Participant Name _____</p> <p>Date of Birth _____ Age _____</p> <p>Grade _____ School _____</p>	<p>Program Name _____</p> <p>Program Number (IF one listed) &amp; Session _____</p>
<p style="text-align: center;"><b>Adult Participant</b></p> <p>Participant Name _____</p> <p>Date of Birth _____ Age _____</p>	<p>Medical Conditions ? No Yes (Please circle one)</p> <p>IF yes. Please Explain: _____</p>

**Parent / Guardian (Contact) Information:**

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

In the event of an emergency, should the above person listed not be available. Please list the name of the next emergency contact.

Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Payment Information / (IF different than above)**

Payor Name \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Payment Type: \_\_\_\_\_ CASH \_\_\_\_\_ CHECK

Please register as soon as possible to secure your place in a class. Registration will be taken until the day a program begins. However, if a class is on the verge of being cancelled due to low enrollment, it may be cancelled a few days before the scheduled start date. No phone registration will be taken. The hold harmless waiver must be signed and submitted. Refunds will be processed (upon request) up until the second class. A full refund will be given if the class is cancelled by the Recreation Department. Refunds may take up to two weeks to process.

Residency Defined: Anyone whose legal residence is within the City limits in the City of Big Rapids is considered a resident.

I, we the above named or the parent(s) of the above named, a candidate for a position in City of Big Rapids Recreation program, hereby releases the City of Big Rapids and any employee thereof, from all suits, claims and actions for damages of every name or description brought or claimed against it for or on account of any injury or damage to person or property received or sustained by any party or parties, by or from any of the acts or omissions or through the negligence of said individual/firm/organization/his/her/its agents or employees, which arise out of the circumstances of the recreational activity. I understand that photographs/video may be taken and approve of them being used for promotional reasons in various media areas. City of Big Rapids and the Recreation Department is not responsible for lost/damaged/stolen personal items.

Parent's / Legal Guardian's or Participant Signature \_\_\_\_\_ Date \_\_\_\_\_