

Registration

Please write the name of the individual(s) who wish to participate in the Summer Session and check the appropriate box.

Name _____ 7 – 10 11 – 15 adult
 attending all session's attending ___ (#) sessions. Dates:
 Skill – Beginner Skill – Advanced beginner Skill – Advanced

Name _____ 7 – 10 11 – 15 adult
 attending all session's attending ___ (#) sessions. Dates:
 Skill – Beginner Skill – Advanced beginner Skill – Advanced

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 attending all session's attending ___ (#) sessions. Dates:
 Skill – Beginner Skill – Advanced beginner Skill – Advanced

Required information (all individuals from above must reside at the same address)

Address _____

Home Telephone # _____

If the participant is a student/minor please complete below:

Mother's name _____ Telephone _____

Father's name _____ Telephone _____

Emergency Contact _____

I hereby give consent to the above named, of which I am the parent or legal guardian to play or participate in the North Smithfield Parks & Recreation Tennis Program. I will not hold the Town of North Smithfield, or it's assigns liable for any injuries caused by participating in the Tennis activity, now will I bring cause to be brought any type of legal action again the Town of North Smithfield, or its assigns.

I hereby authorize and give my consent to any emergency, medical, surgical, or dental treatment for my son/daughter (listed above), should it be deemed advisable by a qualified medical doctor or dentist. The North Smithfield Parks & Recreation Department, or its assigns, are authorized to act on my behalf should a medical/dental emergency arise while participating in the tennis program. I understand that this is to avoid undue delay and assure prompt attention/treatment and that only a licensed and qualified medical doctor/dentist will be engaged for such an emergency.

Signature of Parent/Guardian _____

Name & Telephone of Family Doctor _____

Does the child have any allergies ___ If yes, what? _____