

Please return this portion of form & the fee to:  
Lindsborg City Hall, 101 S Main  
Place in drop box by front door on evenings/weekends

(PLEASE PRINT)

Name of Participant \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Grade during 2016-2017 school year \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian #1 \_\_\_\_\_ Wk. # \_\_\_\_\_

Parent/Guardian #2 \_\_\_\_\_ Wk. # \_\_\_\_\_

Email \_\_\_\_\_

**CIRCLE LEVEL OF PLAY:**

Beginner      Intermediate

Emergency Contact (List someone other than Parent/Guardian):

Name \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**WAIVER RELEASE STATEMENT:** (This must be signed before participation begins) As a parent or legal guardian of a participant of this program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of my child's injuries, including loss of life, damages or loss which he/she may sustain as a result of participation in any and all activities connected with such program. I further agree to, on behalf of my child, waive and relinquish all claims, full release and discharge and agree to indemnify and hold harmless and defend the City of Lindsborg and its officers, agents, servants, and employees including coaches, umpires, and referees from any and all claims resulting from injuries, including loss life, damages and losses sustained by my child arising out of, connected with, or in any way associated with the activities of the program.

I, the Parent/Legal Guardian of the above named participant have read and understand the "Waiver Release Statement." I agree to abide by all policies and guidelines set forth by the City of Lindsborg regarding this program.

List medical conditions if any \_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_

# YOUTH TENNIS CLINIC

Sponsored by the  
City of Lindsborg



This program is for boys & girls entering grades K-8 during the 2016-2017 school year.

Clinic will meet every

Tuesday and Thursday

June 7th through June 30th

at the Ron Dahlsten Tennis Complex  
(high school)

K-3rd grade 8:00 a.m. to 8:50 a.m.

4th- 8th 9:00 a.m. to 11:00 a.m.

***Registration Deadline: Friday, June 3rd***

***Fee for K- 3rd: Resident, \$25.00, Non-resident \$30.00***

***Fee for 4th- 8th: Resident, \$30.00, Non-resident \$35.00***

*Requests for fee waivers may be made by attaching a statement of need to the registration form.*

Tennis balls will be provided.

Players supply their own tennis rackets & shoes.

For more information contact:

Kate Elliott, LRD Director, at 785.227.3333

OR Traci Baker at 785.212.0560

FOR OFFICE USE ONLY: Check# \_\_\_\_\_ Cash \_\_\_\_\_ Date \_\_\_\_\_