



CITY OF BEACON RECREATION DEPARTMENT

2019 Summer Tennis Clinic

Classes will be designed to meet the needs of the individual group. Groups will be determined based on age and experience. Instruction will include everything from basic strokes and rules for beginners, to match play and strategy for more advanced players. No experience is necessary.

Program Dates 2019

Week 1:	July 15- July 19	Session 1- 8:30 to 10:30 High School Players
	Monday-Friday	Session 2- 10:30 to 12:30 All Others Ages 8 and up
Week 2:	July 29-August 2	Session 1- 8:30 to 10:30 High School Players
	Monday-Friday	Session 2- 10:30 to 12:30 All Others Ages 8 and up

- Our instructor is Beacon High School boy's tennis coach, Dave Ryley.
- Classes will be held at the courts at Beacon High School and are open to anyone between the ages of 8 and 19.
- One rainout will be allotted which would lower the number of classes to four. After that, makeup sessions will be scheduled during the following week.
We encourage early signup but late sign-ups and even walk-ups will be permitted (as long as there is room).
- Questions can be directed to Mr. Ryley to dtryley@gmail.com.

Program Information

A resident means your address pays City of Beacon property taxes

City of Beacon Residents \$60.00 by July 8

Non Residents \$75.00 by July 8

Make checks/money orders payable to City of Beacon
Checks and Money Orders Only

REGISTRATION DEADLINE July 8, 2019
add \$15 if you register after July 8

Mail To:
City of Beacon Recreation- Tennis
23 West Center Street
Beacon, NY 12508

Office Use Only	Register Code: TENNIS	Rec'd by:
Total Fees Paid: \$	Money Order#	Check#

Beacon Recreation Tennis Clinic Registration form

Mail completed form to:
City of Beacon Recreation
23 West Center Street
Beacon, NY 12508

Week 1	Sess 1 Sess 2	July 15- July 19 Monday-Friday	Week 2	Sess 1 Sess 2	July 29-August 2nd Monday-Friday
Child's Name:			Date of Birth:		Age:
School Attended:			Grade in Sept.:		

Parent/ Guardian Information

Name:		
Address:		
City:	State:	Zip:
Home Phone:	Work Phone:	
Cell Phone:	Email:	

Emergency Contact Information

Contact:	Phone:
Alternate Contact:	Phone:

Medical Information

Family Physician:		Phone:	
Prescriptions/ Medications:			
Allergies, Existing Physical Conditions and/or Limitations:			
Additional Info:			
Have You Ever Played Tennis	Yes	No	
List any Experience or Lesson You May Have:			
Rate Yourself:	Beginner	Limited Experience	Intermediate
			Play on School Team

Office Use Only

Register Code: TENNIS

Rec'd by:

Total Fees Paid: \$

Money Order#

Check#

The City of Beacon
1 Municipal Plaza Suite 4
Beacon, NY 12508

WAIVER and RELEASE of LIABILITY

In consideration of the City of Beacon, its officers, directors, employees and volunteers furnishing services and/or equipment to enable me to participate in outdoor recreation activities, and/or transportation to and from such activities I agree as follows:

I fully understand and acknowledge that: (1) risks and dangers exist in my use of the specified equipment and my participation in such activities: (2) these risks and dangers may be caused by the conduct of the City of Beacon, its officers, directors, employees and volunteers, the conduct of the participants, the conduct of others, accidents, breaches of contract, forces of nature, or other causes. These risks and dangers may arise from foreseeable or unforeseeable causes: and (3) by my participation in these activities and/or use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages, whether caused in whole or in part by conduct of the City of Beacon, its officers, directors, employees and volunteers, or by any other person relating to such activities.

I, on behalf of myself, my personal representatives, and my heirs voluntarily release, waive, discharge, hold harmless, defend and indemnify the City of Beacon, its officers, directors, employees and volunteers from any and all claims, action or losses for bodily injury, property damage, wrongful death, loss services or otherwise which may arise out of my use of equipment or my participation in the proposed activities. I specifically understand that I am releasing, discharging and waiving any claims or actions that I may have presently or in the future for the acts or other conduct by the City of Beacon, its officers, directors, employees and volunteers.

Please note: While participating in the forgoing activities offered by the City of Beacon, The City's officers, directors, employees and volunteers are in no way responsible for loss or damage to personal items, including my vehicle.

Outdoor recreation activities are an athletic activity and require a certain amount of physical fitness. Anyone with wrist, arm, shoulder, neck, back, leg or knee problems should consult their physician before participating in the above mentioned activities. Any person requiring medication must bring the necessary medication with them and inform the City of Beacon, its officers, directors, employees and volunteers of said requirement before beginning the above mentioned activities.

I hereby consent to and authorize treatment for any medical emergency which may occur during participation in the City of Beacon Outdoor sports activities. Recognizing this possibility I hereby consent to emergency transportation and treatment necessary in the event of illness or injury.

I authorize and agree to the reasonable and proper use by the City of Beacon, its officers, directors, employees and volunteers of any and all photographs which may be taken of any aspect of the program and which may include the image of the participant.

I have read the above waiver and release, and by signing it agree it is my intention to release the City of Beacon, its officers, directors, employees and volunteers from liability for personal injury, property damage, and/or wrongful death by negligence or any other cause.

PARTICIPANT NAME: _____
(FIRST NAME MIDDLE INTIAL LAST NAME)

PARTICIPANT ADDRESS: _____
(STREET CITY STATE ZIPCODE)

PARTICIPANT DOB: _____ **PHONE NUMBER:** _____

PARENT OR GUARDIAN NAME: _____

PARENT OR GUARDIAN SIGNATURE: _____
PARTICIPANT SIGNATURE IF PARTICIPANT IF OVER THE AGE OF 18

Name	Session
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