



Town of Hillsborough Tennis Camp 2018 Registration Form

DEADLINE to receive forms is June 4th: must be returned to the Town Office or mail to:
Town of Hillsborough Summer Program PO Box 7, Hillsborough, NH 03244
For questions, contact Tammy McClure 603-478-3288

Youth Tennis

(no fee)

Participant's Name: _____

Male

Female

Street Address: _____

Town: _____ Phone Number: _____

Age: _____ Grade entering in September: __

1-hour morning lesson for five days - Choose 1 week

June 25th - 29th at 9:00am or 10:10am **OR July 2nd - 6th** at 9:00am
(lesson time will depend on the age of the child, youth 6-12 and young adult 13-18)

Bring your own racquet (loaners available), sneakers & water bottle.

All participants will be called before the lessons begin to confirm times.

Choose one:

June 25th - 29th

July 2nd - 6th

I give permission for _____ to participate in the Town of Hillsborough Summer Recreation Programs. In doing so, I release all agents, employees and volunteers of the Office of Parks and Recreation Department from liability for any and all loss, damage or injury to the person or property of the participant. I state to the best of my knowledge, my child is in proper physical condition to allow him/her to participate in program activities and that I assume the risk of participating. I understand that in case of illness, injury or an emergency I will be notified. If there is a serious medical emergency, 911 will be called. In the event I cannot be contacted, I give my consent to the attending physician to administer any treatment deemed appropriate and the transfer to any hospital reasonably accessible. I the parent/legal guardian signer of this document have read this release and understand all of its terms. I execute it voluntarily and with full knowledge of its significance. I have executed this release on the date indicated next to my name.

Parent/Guardian Signature

Date

Print Parent/Guardian Name