



Town of Schroepel
 Community Services Department
 Parks, Recreation, Community Education, Municipal Project
 69 County Route 57A, Phoenix, NY 13135
 Telephone (315) 695-2801
 Fax (315) 695-3231
hknipp@townofschroepel.com

Office Use Only:
 Date Paid: _____
 Amount Paid: _____
 Cash _____ Check# _____
 Online Registration _____
 Res _____ Non Res _____
 Late Fee _____
 Additional Notes _____



*****Registration Form and payment available online at www.townofschroepel.com*****
Register by June 30th to secure your place!
Youth: Residents \$40/Non-res \$45 Adults: Residents \$45/Non-res \$50

Adults: *Wednesdays, July 12th – August 16th*
 Adults (ages 18 and over) 6 – 7 PM

Youth: *Thursdays, July 13th – August 17th*
 Star Set (ages 6 – 8) 5 - 6 PM
 Sure Shots (ages 9 – 12) 6 – 7 PM
 Aces (ages 13 – 17) 7 - 8 PM

Program Name: **2023 Tennis Lessons**
 Participants Name: _____
 Address: _____

Today's Date: _____
 Grade: ____ Age: ____
 Date of Birth: _____
 Sex: M ____ F ____

Tennis experience: _____

Is the participant a town resident? _____

List any medical conditions or other conditions: _____

A written doctor's release is required if you have asthma or health problems. Are there any physical or health conditions that we need to be aware of? Specify: _____

(We cannot guarantee make-ups for weather related cancellations.)

Parent / Guardian Information: (Please list in contact order)

Name: _____ Relation: _____
 Phone Number: _____ Email: _____

Name: _____ Relation: _____
 Phone Number: _____ Email: _____

(over)

Emergency Contact:

Name: _____ Relation: _____

Phone Number: _____

Doctor to notify in case of emergency: _____ Phone: _____

Hospital preference, if any: _____

*****CONSENT FOR MEDICAL TREATMENT OF A MINOR*****

I understand that there is no accident or injury insurance coverage for injuries incurred in this program.

I agree to be financially responsible for any injuries related to program participation.

I understand that the fees for this program are not refundable except in the case of departmental cancellation.

If the participant named above is a minor:

- 1) My signature signifies my permission for this person to participate in this program.
- 2) I give my consent for a licensed physician to perform whatever medical treatment is deemed necessary in my absence.
- 3) I give permission for the above names participant to be transported to the nearest available medical facility in the event of an injury.

Signature of Parent or Guardian OR Adult Participant

Date

I give my permission for my child to be photographed for publicity purposes.

Signed: _____ Date: _____

How did you hear about our program? _____

Please make checks payable to *Town of Schroepfel

Registration forms can be emailed to hknipp@townofschroepfel.com and payment can be made online at <https://www.govpaynow.com//gps/user/plc/a001qu>. Or registration forms, along with a check or money order, can be dropped off in the Community Services drop box at the front of the Town of Schroepfel office building.

Registrations and payment may also be mailed to:

Community Services Department
Town of Schroepfel
69 County Route 57A
Phoenix, NY 13135