

Margate Community Education and Recreation Department  
101 North Haverford Avenue, Margate City, New Jersey 08402  
(609) 823-6658

## **Kids Club Tennis Clinics**

These clinics are designed specifically for the beginner, younger player and are instructional, non-competitive, and lots of fun. The instructor will demonstrate and direct: hand-eye coordination drills, basic tennis strokes, good sportsmanship, and practice games.  
*Space Is Limited!*

### **KIDS CLUB TOTS**

Ages: 5 & 6 (Co-Ed)  
Monday: 5/14/18-6/11/18  
No Class: 5/28/18  
5:00-6:00 pm  
\$60.00/Four-Weeks  
Jerome Avenue Tennis Courts  
Instructor: Susan Safer

### **KIDS CLUB RED**

Ages: 7 & 8 (Co-Ed)  
Tuesday: 5/15/18-6/05/18  
5:00-6:00 pm  
\$60.00/Four-Weeks  
Jerome Avenue Tennis Courts  
Instructor: Susan Safer

## **TENNIS CLINIC REGISTRATION FORM: SPRING 2018**

Please Return Forms To The Margate Recreation Department  
101 North Haverford Avenue, Margate City, NJ 08402  
Please Make Checks Payable To: *Margate City Recreation Department*

*Please Indicate Clinics Option*

KIDS CLUB TOTS [ ]

KIDS CLUB RED [ ]

\_\_\_\_\_  
*Participant's Name*

\_\_\_\_\_  
*Age*

\_\_\_\_\_  
M/F  
*(circle one)*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*Best Contact Number*

\_\_\_\_\_  
*List Any Medical Conditions*

\_\_\_\_\_  
*E-Mail Address*

\_\_\_\_\_  
*Parent/Guardian Name (Print)*

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Emergency Contact Name*

\_\_\_\_\_  
*Contact Phone Number*

***Please See Additional Forms On Back/Next Page***



**Please Read & Sign**



## AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY

In consideration, of being allowed to participate in TENNIS CLINICS (SPRING 2018) within The Margate City Recreation Department's athletic/sports/recreation programs and related events and activities, the undersigned:

Agrees that prior to participating, the undersigned will inspect the facilities and equipment to be used, and if the undersigned believes anything is unsafe, they will immediately advise their coach or supervisor of such condition (s) and refuse to participate.

Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and social and economic losses which might result from their own actions, inactions or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.

Agrees to assume all the foregoing risks and accept personal responsibility for damages following such injury, permanent disability or death.

Agrees to release, waive, discharge and covenant not to sue the City of Margate nor the Margate City Board of Education, their respective administrators, directors, agents, coaches, and other employees of the organizations, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as "releasees," from demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise.

The Undersigned has read the above waiver and release, understands that he/she has given up substantial rights by signing it and signs it voluntarily.

-----  
\_\_\_\_\_  
*Child's Printed Name (First & Last)*

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*

Relationship of to Above Child?       Parent

Guardian

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip Code*

**Please Read & Sign**



You have my permission to video or photograph my child while participating in activities sponsored by the Margate Recreation Department and for these videos or photographs to be used for the advertisement and promotion of Margate Recreation Programs and other Margate City activities.

I am the parent/lawful guardian of the child named herein and I am authorized to execute this release.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*