

Margate Community Education and Recreation Department
101 North Haverford Avenue, Margate City, New Jersey 08402
609-823-6658
www.margate-nj.com/recreation

“RED BALL COURT” TENNIS CLINICS (AGES: 6 & 7)

Instruction during these clinics will focus on hand-eye coordination and basic athletic, racquet and tennis game skills using a 15% larger ball with 25% compression of a regular ball on a much smaller court. *Rain Date: Wednesday.*

(S-05) Monday: 7/10/23	(4:30~5:30 pm)	\$15.00/Player
(S-06) Monday: 7/17/23	(4:30~5:30 pm)	\$15.00/Player
(S-07) Monday: 7/24/23	(4:30~5:30 pm)	\$15.00/Player
(S-08) Monday: 7/31/23	(4:30~5:30 pm)	\$15.00/Player

To Register, Please Complete
The Registration & Waiver Forms On Pages
Two & Three Of This Document.

THANK YOU!!!



Search: Margate Community Education and Recreation Department

Summer Office Hours Are Monday-Friday (8:30 am to 3:00 pm)
Many Of Programs Require Additional Registration Forms; For More Details Please Visit Our Website
www.margate-nj.com/recreation

REGISTRATION BY MAIL

1. Please complete the registration form below.
2. Please fill out a **SEPARATE** registration form for **EACH** individual.
3. Include **ONE** check or cash payment **PER** class **PER** individual.
4. Enclose a check made payable to: *Margate City Recreation Department*.
5. Mail registration to: Margate Recreation Department, 101 N. Haverford Ave., Margate, NJ. 08402.

For Registration Questions
Please Contact: 609-823-6658

REGISTRATION GUIDELINES

1. Registration for all classes/programs is accepted on a first come first pay basis only.
2. Pre-Registration Required! Please register at least **ONE** week prior to start date of class/program/camp.
3. No registration for any class/program will be accepted over the phone or without payment.
4. No refunds issued; credits only.
5. All classes/programs are subject to cancellation due to insufficient enrollment.
6. All classes/programs have minimum & maximum numbers associated with registration requirements.
7. All classes/programs, activities, prices, locations, times and instructors are subject to change.

DROP-OFF REGISTRATION LOCATION

Margate Municipal Building—9001 Winchester Avenue

SUMMER 2023 REGISTRATION FORM~ PLEASE PRINT CLEARLY

Participant's Name: _____ Age: _____ Grade: _____

Local Mailing Address: _____

City: _____ State: _____ Zip: _____

Best Contact Number: _____ Cell Home Work (please indicate)

E-MAIL Address: _____

List Any Medical Conditions: _____

Emergency Contact Information (Name & Number): _____

Please Indicate/Circle
Camp Choices **S-05** **S-06** **S-07**

*Participant's Signature: _____

**(Parent/Guardian's signature if participant is a minor).*

Media Release

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

OFFICE USE ONLY:

Notes:

Amount Paid:

Method:

AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY

In consideration, of being allowed to participate in *TENNIS CLINICS (SUMMER 2023)* 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.

- 1) 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.
- 2) Agrees to assume all the foregoing risks and accept personal responsibility for damages following such injury, permanent disability or death.
- 3) 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 leasers 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