



# Summer Tennis Lessons 2021

For beginning to intermediate players – Ages 8 & Up – Limited enrollment of 22 / class.

Residents of AF: **\$47/Session** Residents of other cities **\$67/Session**

- Register online at americanfork.gov or in person at the American Fork Fitness Center
- Lessons will be held at American Fork High School



Sessions: #1 – June 7-10 & 14-17  
 #2 – June 21-24 & 28-July 1  
 #3 – July 5-8 and 12-15

Class Times: 7:30am (Adults & 14 + )  
 8:30am (Co-ed, 8 & older)  
 9:30am (Co-ed, 8 & older)  
 10:30am (Co-ed, 8 & older)

Bring your own Racket  
& Water Bottle

Circle Tennis Session: #1 #2 #3      Circle Time: 7:30 8:30 9:30 10:30

Participant's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Phone \_\_\_\_\_

School \_\_\_\_\_ Home Address \_\_\_\_\_ City \_\_\_\_\_

Parent's Name \_\_\_\_\_ Work / Cell \_\_\_\_\_ Resident \$47 / Non Resident \$67

Email Address (Used for sports purposes only) \_\_\_\_\_

### WAIVER FOR PARTICIPANT BY PARENT

In consideration of your accepting my child's participation in the Tennis program, I hereby, for myself, my child who is a juvenile, and our heirs, do waive and release any and all rights and claims for damages I or my child have against the City of American Fork or its representatives, for any and all injuries suffered by myself, my child or any member of my family, going to, coming from, or while at any American Fork sponsored tennis practice, event or related activity for ordinary negligence. I acknowledge that tennis is a physically active sport that has some inherent risks to the participants. It is played on a hard and sometimes slippery surface with and against other individuals whose actions cannot always be controlled or predicted. Possible injuries associated with tennis include, but are not limited to: leg/arm breaks, wrist/ankle sprains, ligament/cartilage tears, concussions, eye injuries (scratch, gouge or loss), broken nose, loss of teeth, etc. Protective equipment is not provided for the program.

I hereby certify that I have read this waiver and recognize that there are risks involved in the game of tennis. As the parent/guardian of \_\_\_\_\_, I assume those risks. I understand and acknowledge that American Fork does not provide accident and medical insurance for the participants in this program. I further state that I, my child and all members of my family are covered by adequate accident and medical insurance, or accept responsibility for any lack of insurance.

PARENT'S SIGNATURE \_\_\_\_\_

**\*\*Office Use Only\*\***

\$47 Resident per session  
 \$67 Non-Resident per session  
 Total \_\_\_\_\_

Employee \_\_\_\_\_ Date \_\_\_\_\_

PMT – Cash / CC / Check # \_\_\_\_\_