

**Chambersburg Recreation Department  
Fall Youth Tennis Lessons**

Participant's Name \_\_\_\_\_ M \_\_\_ F \_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Please Circle Township in which you reside: Boro Greene Guilford Hamilton Letterkenny Lurgan Other

Parent or Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Are there any medical conditions or medications of which we should be aware? If yes, please explain. \_\_\_\_\_

**Waiver / Permission Slip**

This form grants \_\_\_\_\_ (participant's name) permission to participate in the Chambersburg Recreation Department's Fall Youth Tennis Lessons. I am aware that this type of recreational activity may result in injury. I (we) agree that the Borough of Chambersburg, its representatives and/or other organizations and individuals connected with sponsoring or conducting this event will not be held liable for any injury that may occur./

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Photo Release**

I, \_\_\_\_\_, give my permission to the Chambersburg Recreation Department to use photographs of my child or myself for the purpose of advertising and promotion.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Please circle the session(s) for which you are registering:**

	<u>Day:</u>	<u>Date:</u>	<u>Time:</u>	<u>Reg. Deadline:</u>
<b>Fall Youth Tennis ages 6-8</b>	Sat	9/15-10/6	10-11 AM	9/7
<b>Fall Youth Tennis ages 9-11</b>	Sat	9/15-10/6	11 AM - 12 PM	9/7

**Cost for each Session:** \$40 / \$30 Borough Resident \_\_\_\_\_ # of session(s) x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

**Return Form with Payment to:** Chambersburg Recreation Department  
235 S. 3<sup>rd</sup> St., Chambersburg, PA 17201