

Summer Tennis Camp
June 4-7 at Chieftain Park

Participant _____ Age _____ Birthdate _____
Address _____ Phone _____
City _____ Zip Code _____
Guardian's Name _____ Email _____

Do you reside or own property within the USD 464 School District? YES No
Would you like to receive our monthly Newsblast emails? Yes No

Ages	Time	Fees
4-6	9-9:45AM	\$25/\$30
7-10	10-11:30AM	\$35/\$42

NOTE: First amount In District, second amount Out of District

PARENT/GUARDIAN: I hereby state that I am fully aware of the above-described activity and that above said player has no physical, mental, or emotional conditions that would prevent him/her from fully participating in such activity, or would make him/her susceptible to injury from such participation. I further state that I hereby release the Tonganoxie Recreation Commission, its employees, volunteers, or agents from any claim that the said player might have, or others may have, for injury that he/she might sustain during his/her participation in such activity. I also state that if I am not present and an emergency arises I authorize medical attention to be administered. Please notify the Tonganoxie Recreation Commission if special accommodations may be needed for the above said player to participate in the above-described activity.

SIGNATURE: _____ **DATE** _____

Return to: Tonganoxie Recreation Commission
P.O. Box 479; 521 E. 4th St.
Tonganoxie, KS 66086
913-845-3502