

FALL TENNIS LESSONS

Youth classes will be held at Apex Nature Park and Adult classes will be held at Apex Nature Park. Steve Walker will lead all levels of tennis lessons. These lessons will be offered for all skill levels. Classes are limited to 18 participants per youth level and 12 per adult level. Registration will be held at the Apex Community Center at 53 Hunter Street during normal business hours or at www.apexnc.org/peakconnect

REGISTRATION BEGINS:

August 23, 2016 for Apex Residents
September 6, 2016 for Non-Residents

#4527 Level 1: Ages 5-9 Tuesday & Thursday 5:00pm – 5:45pm Sep 20 – Oct 6	\$43R \$58/NR (Limited to 18) Apex Nature Park
#4529 Level 1: Ages 5-9 Tuesday & Thursday 5:45pm – 6:30pm Sep 20 – Oct 6	\$43R \$58/NR (Limited to 18) Apex Nature Park
#4530 Level 2: Ages 8-12 Tuesday & Thursday 6:30pm – 7:30pm Sep 20 – Oct 6	\$43R \$58/NR (Limited to 18) Apex Nature Park
#4531 Youth Inter Level: Ages 10-16 Monday & Wednesday 6:00pm – 7:00pm Sep 19 - Oct 5	\$43R \$58/NR (Limited to 18) Apex Nature Park
#4528 Adult Level: Ages 17 & up Monday & Wednesday 7:00pm – 8:00pm Sep 19 – Oct 5	\$43R \$58/NR (Limited to 12) Apex Nature Park

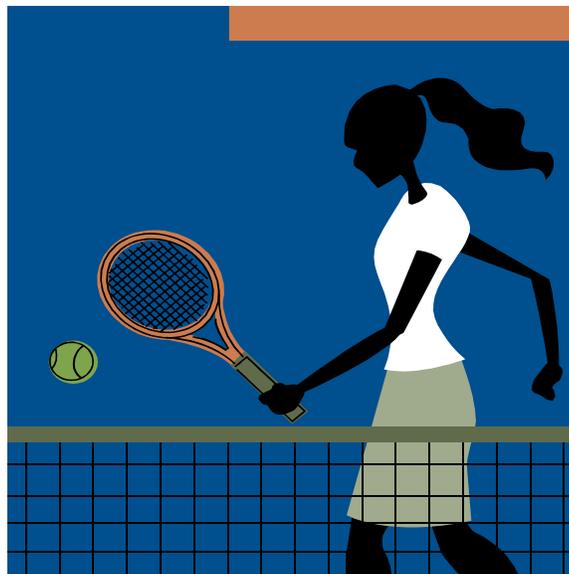
For Department Use Only

Paid ___/___/16 Staff _____

Receipt # _____

	R	NR
4527 Level 1(5:00)	\$43	\$58
4529 Level 1(5:45)	\$43	\$58
4530 Level 2	\$43	\$58
4531 Youth Intermediate	\$43	\$58
4528 Adult Level	\$43	\$58

Waiting List: # _____ Rec'd by _____



Participant's Name _____ Phone: Home: _____ Cell: _____

E-mail: _____ **Circle One:**
 Level 1 (5:00pm) Level 1 (5:45pm)
 Level 2 Youth Intermediate Adult Level

Mailing Address _____ Town _____ Zip _____

Participant Birth date _____ Male _____ Female _____

Mother's Name _____ Phone _____

Father's Name _____ Phone _____

Special Concerns (Medical, Etc.) _____

STATEMENT OF WAIVER

I, for myself or as parent or guardian, hereby assume all the risks and hazards incidental to the conduct of the activities. I release, absolve, and indemnify the Town of Apex, employees, contractors, and/or sponsors from all risks and hazards associated with the activities and in the event of injury, do expressly waive all claims against them. I understand that the Town of Apex Parks, Recreation and Cultural Resources Department provide no insurance coverage. I further give permission for proper emergency care to be rendered to myself or child should I not be available or able to give such permission.

As part of this approval, I acknowledge I may have the opportunity to review the premises, equipment and personnel qualification to be used in conducting the activity. I also have the opportunity to discuss with program organizers potential hazards and risks that may be associated with the activity and take responsibility for doing so. Failure to exercise this option indicates my approval and acceptance. I understand the Town of Apex does not provide transportation to or from activities scheduled by the Apex Parks, Recreation and Cultural Resources Department

Signature _____ Date: _____