

# TENNIS LESSONS

## FALL SATURDAY SESSION

For Department Use Only			
Paid	___/___/16	Staff	_____
Receipt #	_____		
		<b>R</b>	<b>NR</b>
4534	Level 1	\$40	\$55
4535	Level 2	\$40	\$55
4536	Teen Level	\$40	\$55
Waiting List#	_____	<b>R / NR</b>	Staff _____

Lessons will be held at the Apex Community Park. Steve Walker will lead all levels of tennis lessons. These lessons will be offered for all skill levels. All classes are limited to 18 participants per level. Registration will be held at the Apex Community Center at 53 Hunter Street during normal business hours or online at [www.apexnc.org/peakconnect](http://www.apexnc.org/peakconnect)

### REGISTRATION:

Registration begins:  
 August 23, 2016 for Apex Residents  
 September 6, 2016 for Non-Residents

#4534	Level 1: Ages 5-8	\$40/R	\$55/NR
Saturday - 8:30am – 9:30am		Oct 15 – Nov 5	
#4535	Level 2: Ages 8-12	\$40/R	\$55/NR
Saturday - 9:30am – 10:30am		Oct 15 – Nov 5	
#4536	Teen: Ages 12-16	\$40/R	\$55/NR
Saturday - 10:30am – 11:30am		Oct 15 – Nov 5	



Name \_\_\_\_\_ **Circle One:**    Level 1    Level 2    Teen

Phone: Home \_\_\_\_\_ Cell: \_\_\_\_\_ Email Address \_\_\_\_\_

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: \_\_\_\_\_