

Scott County Recreation Department
Summer Tennis Clinics – Registration Form

Name(s) _____ Date of Birth _____
Address _____ School _____
City, State, Zip _____
Home Phone _____ Work Phone _____

MAIL FORM & PAYMENT TO: SCRD, 247 Fore Dr., Suite 201, Gate City, VA 24251.

CLINIC DATES ARE LISTED BELOW:

June 12, 14, 19, 21, 26, 28; July 10, 12, 17, 19 (Possible make up dates are July 24 & 26.

Cost(s) are \$50 per person for the entire summer; \$75 per family: or \$7 per person per class

NOTE: Make-ups will be held for the Tuesday classes on Wednesday and Thursday classes will be made up on the following Monday.

Boys & Girls **Ages 5-8; 9-9:45 a.m.**

Boys & Girls **Ages 9-12; 10-11 a.m.**

Boys & Girls **Ages 13 & up (High School Players): 11-NOON**

COVENANT NOT TO SUE, RELEASE AND INDEMINITY AGREEMENT

In consideration of the acceptance of my application for this activity, I hereby covenant not to sue the organizers, the promoters, sponsors, the officials, the County of Scott, the Scott County School System or any of their employees, agents, or representatives involved with this activity and I forever waive, release and discharge, said individuals and entities and each of them from any and all claims for person injury or property damage which I may have or which may subsequently occur to me as a result of my participation in this activity and I hereby agree to indemnify and save and hold harmless said individuals and entities and each of them from any loss, liability, damage or cost they or each of them might incur due to my presence or participation in this activity.

It is expressly agreed that the forgoing not to sue, release, discharge, waiver and indemnity agreement is intended to be as broad and inclusive as is permitted by the laws of the Commonwealth of Virginia and furthermore binding on my heirs, executors and assigns.

I recognize that there may be difficulties involved with this activity and I certify that I am sufficiently physically fit to participate in such an activity and I have no physical limitations or restrictions which would prohibit my participation nor have I been advised by a physician that I have such limitations or restrictions.

Parent's signature _____