



2017 SPRING TENNIS PROGRAM

At Sunset Park Tennis Courts
Ages 3-6, 7-12, 13+ (As of 6/1/17)



Athletics Office

Phone: 252-972-1160

Fax: 252-972-1685

It is the policy of the City of Rocky Mount not to discriminate on basis of race, sex, national origin, disability, age, creed, color or religion.

Mission Statement:

To advance the quality of life by providing positive, inclusive experiences through people, parks, and programs

REGISTRATION DEADLINE:

May 1st and June 5

Participant's Name _____ M ___ F ___ Age _____ Birth Date _____
(month, day, year)

Mailing Address _____ City _____ Zip Code _____

Primary Phone# _____ Mother's Name _____ Mother's Cell # _____

Email _____ Father's Name _____ Father's Cell # _____

Special Needs:(optional) _____ Last Year's Team _____

May (Session 1)

Starts May 2
Ends May 25

June (Session 2)

Starts June 6
Ends June 29

Tuesdays and Thursdays

3-6 yr olds - 4-4:45pm
7-12, 13+ yr olds - 4:45-6pm

Registration Fees

City Resident \$36.00
Non City Resident \$54.00

About Spring Tennis:

Rocky Mount Parks and Recreation has a partnership with NC Wesleyan (NCWC) and the tennis program.

Tennis lessons and programs will be overseen by Head Coach Dustin Hale. Instruction will be provided by NCWC players.

NCWC Tennis Highlights

- ◆ Nationally Ranked each of the past 9 years
 - ◆ 5 All Americans
- ◆ 9 Time Defending Conference Champions
 - ◆ 2010 NCAA Regional Champions
 - ◆ 6 NCAA Sweet 16 Appearances

REFUND POLICY

100% refund/credit/transfer if Department cancels program or facility rental. 85% refund if participant requests 5 days in advance of program start date or two weeks prior to rental date. 100% fee transfer to another P&R program at time of withdrawal. Refunds for medical reasons requested prior to program start date and/or rental and subject to verification granted 100%. NO REFUND if participant's request falls within 5 days of program start date or within two weeks prior to rental date.

TOTAL AMOUNT PAID \$ _____

Payment Options:

Money Order / Credit Card / Check

Card # _____

Exp. Date _____ Code # _____

Signature _____

(For Credit Card Payment ONLY)

Check/Money Order # _____

Receipt # _____

Make checks and M/O payable to:

CITY OF ROCKY MOUNT

NO CASH ACCEPTED!

HOW TO REGISTER:

Online Registration

For more information visit our website

www.rockymountnc.gov/parks

Register for Activities

In person at the following facilities

Monday-Friday
8:30am-5:00pm:

RM Wilson Gym (311 Hill St)
City Hall Parks & Rec Admin Office (3rd Floor)

Mail completed form and mail payment to:

City of Rocky Mount
Attn: Lynn Driver,
Athletics Division
PO Box 1180
Rocky Mount, NC 27802-1180

CITY OF ROCKY MOUNT RELEASE, INDEMNITY, ACKNOWLEDGEMENT AND ASSUMPTION OF RISK

IN CONSIDERATION of my participation in the 2017 Youth Tennis (the "Activity") sponsored by the City of Rocky Mount, I, for myself, my heirs, executors, administrators, personal or legal representatives, successors and assigns, hereby agree to:

(i) RELEASE, WAIVE, FOREVER DISCHARGE and COVENANT NOT TO SUE the City of Rocky Mount, its elected officials, officers, employees, and agents (collectively the "City") from any and all claims, losses, damages, or liability (present and future), on account of injury to my person or property, including injury resulting in my death, arising out of, or in any way connected with, my participation in the Activity, including, without limitation, to the extent permitted by law, any claim, loss, liability, or damage related (directly or indirectly) to acts or omissions (negligent or otherwise) of the City; and

(ii) INDEMNIFY, DEFEND and HOLD HARMLESS the City from and against any and all claims, losses, liability, and damages (present and future) and all costs, charges, and fees (including reasonable attorneys fees) related thereto, arising out of, or in any way connected with my participation (or the participation of the minor identified below) in the Activity or connected with the participation of anyone participating in the Activity under my auspices or with my implied or express consent, including, without limitation, to the extent permitted by law, any claim, loss, liability, or damage related (directly or indirectly) to acts or omissions (negligent or otherwise) of the City.

I understand that participation in the Activity involves the risk of injury or death, and by executing this Release, Indemnity, Acknowledgement and Assumption of Risk (this "Release"), I acknowledge and assume all risk of injury or death resulting from participation in the Activity.

I further agree that if any term or provision of this Release, or the application thereof, to any person or circumstance shall, to any extent, be deemed invalid or unenforceable, the remainder of this Release, or the application of such term or provision, to person or circumstances other than those to which it is held invalid or unenforceable, shall not be affected thereby, and each term and provision of this Release shall be valid and enforceable to the fullest extent permitted by law.

I have carefully read this Release and have executed the same voluntarily adopting the word "SEAL" after my name as my seal.

THIS DOCUMENT RELEASES YOUR RIGHT TO MAKE A CLAIM IF YOU HAVE AN ACCIDENT OR ARE INJURED. DO NOT SIGN IT UNLESS YOU HAVE READ IT AND UNDERSTAND IT FULLY.

PHOTO RELEASE STATEMENT— Pictures or video clips may be taken while participating in City of Rocky Mount Parks & Recreation programs. If you do not concur, please call 252-972-1151.

(SEAL)

Signature of Parent/Guardian

Please Print Name

Date: _____