



Foley Parks and Recreation Tennis Clinic
Melvin Roberts Park (Cedar Street)
 901 N. Cedar Street
 Foley, AL 36535

Child's Name: _____

Date of Birth: _____

Phone Numbers: _____

Address: _____

Child's Grade: _____ Email Address: _____

Clinic Chosen: Intermediate _____ Beginners _____

**The Tennis Clinic is held at Cedar Street Park tennis courts located at
 901 North Cedar Street, Foley, AL 36535**

Waiver of Responsibility

I hereby waive, release and forever discharge the City of Foley and its employees from any and all loss, cost or expense, claims or demands of any and every kind which I may now have, may acquire while participating in the clinic, or may hereafter have for any and all damage, lost, injury, cost, or expense which may be suffered or sustained by me in connection with participation in the clinic.

 Signature of Parent or Guardian _____
 Date

 Print name

For Office Use Only

Cash or check (please circle) Receipt Num: _____
 Amount: _____ Rec: Initials: _____
 Check #: _____