

Maumelle Fall Junior Tennis Programming 2020 REDBALL

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NAME OF STUDENT (Required): _____

First & Last Name

BIRTHDATE (Required): _____

If not within age range, prior approval from Coach Kelli is REQUIRED.

How Many days? (Required - Select at least one option):

See below to select days. All registration forms are reviewed for accuracy prior to start of first class.

1 Day - \$130

2 Days - \$240

Pick Your Days Ages 5-7 (Required - Select at least one option):

Select up to 2 days. If you are registering for 8-10, select NA and see below.

MON. ages 5-7: 4PM-5PM WED. ages 5-7: 4PM-5PM

NA - Required if is Age 8-10

Pick your Days Ages 8-10 (Required - Select at least one option):

Select up to 2 days. If you are registering for 8-10, select NA and see above.

MON. ages 8-10: 12PM-1PM MON. Ages 8-10: 5PM-6PM

WED. ages 8-10: 12PM -1PM WED. ages 8-10: 5PM-6PM

NA - Required if age is 5-7

PARENT/GUARDIAN NAME (Required): _____

The person listed HAS TO be the one who signs the waiver. Parents and Guardians are REQUIRED to stay outside the gated area.

ADDRESS (Required):

Street: _____

Address Line 2: _____

City, State, Zip: _____

CELL PHONE (Required): () - _____

WORK PHONE (Required): () - _____

EMAIL (Required): _____

PHONE (Required): () - _____

Parents and Guardians are REQUIRED to stay outside the gated area

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NAME OF EMERGENCY CONTACT (Required): _____
Type NA if Not Applicable

EMERGENCY CONTACT PHONE (Required): _____
Type NA if Not Applicable

All existing Medical Conditions/Allergies (Required):
If none, type N/A

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WAIVER OF LIABILITY: By signing below, the student/parent/guardian understands and accepts that he/she or their child who is named above is taking tennis lessons at his/her own risk. Student/Parent/Guardian hereby expressly waives any claim of liability against the City of Maumelle or Coach Kelli Russell Holmes for any negligence, personal injury, premises liability, or other damages which occur to student(s) during the above described tennis lessons. This waiver is a complete release of any responsibility for injuries or damages sustained whether or not the student was engaged in playing tennis at the time of injury. I acknowledge all of the following:

All classes this session are CO-ED and weather cancelled classes will be made up on Fridays, or days will be added to the end of the session, at the discretion of Coach Kelli.

All schedules are subject to change due to COVID-19 issues

Parents/Students are required to notify Coach Kelli of COVID-19 exposure, or a positive test ASAP! This includes any direct participants, or any member of the participant's household.

Any COVID-19 travel restrictions or guidelines, in place or mandated during the session, will be enforced upon students' return to Arkansas.

Students need to have a mask on their person, and may be required before entrance onto the court, and after exiting the court.

Students and Coach Kelli are the only persons allowed inside the gated area.

Students are to remain clear of the gate, and allow prior classes to depart before entering.

All equipment, benches, and gates will be sanitized between classes.

All students will need their own water bottles. Please note restrooms and water fountains may not be available due to COVID-19 restrictions.

Signature (Required): _____

Today's Date (Required): _____