

2022 Sioux Falls Christian

BOYS and GIRLS Tennis Clinic

Boys and girls in grades 1-6 are invited to participate in a short tennis clinic on Sat, May 14, from 10:00 - 11:30 am at the Harrisburg HS tennis courts. The clinic will include drills, competitions, games, and activities, led by current high school tennis players and coaches.

Funds raised from the clinic will go towards the boys and girls tennis programs.

We look forward to hosting a great day!

Date: May 14, 2022

Time: Clinic 10:00 – 11:30 AM - Tournaments to follow

Cost: Free will (\$15-\$20 suggested donation) **Location:** Harrisburg High School Tennis courts

Questions: Coach John Williams, 605-201-5894 or Coach Matt Westenberg, 712-541-0193

| Participant's Name _ | Male, | / Female 0 | Grade | |
|----------------------|-----------|------------|-------|--|
| | | | | |

Complete the Participation Agreement below and return to school

office Registration Deadline: May 11

Activity Participation Agreement

Participant Information (To be completed by participant or authorized guardian)

| Name of participant: | | | | |
|--|---|---|--------------------------------------|--|
| Name of parents/guardians: | | | | |
| Address: | phone: | | | |
| Name of emergency contact: | | | | |
| Emergency phone (Day): Emergency | Phone (Evening): _ | | | |
| List allergies or medical conditions: | | | _ | |
| Is sponsor (SFC) authorized to approve medical treatment? | YES | NO | | |
| Is participant covered by personal/family medical insurance? | YES | NO | | |
| If YES, name of insurer: | | | _ | |
| Policy or group number: | | | _ | |
| Participation Agreement I acknowledge that participation in the activity described above involves risk to the Pa may result in various types of injury including, but not limited to the following: sickne injury, personal injury, property damage and financial damage. | | | | |
| In consideration for the opportunity to participate in the activity described above (the 'acknowledges and accepts the risks of injury associated with participation in and trans personal financial responsibility for any injury or other loss sustained during the Activ treatment rendered to the Participant that is authorized by the Sponsor or its agents, en hereinafter as the "Activity Sponsor"). | portation to and from the rity or during transportation | Activity. The Participant (or parent/g n to and from the activity, as well as | guardian) accepts for any medical | |
| Further, the Participant (or parent/guardian) releases and promises to indemnify, defen indirectly out of the described Activity or transportation to and from the Activity, whet Participant, or otherwise. | | | | |
| If a dispute over this agreement or any claim for damages arises, the Participant (or paralternative dispute resolution process. If the Participant (or parent/guardian) and the Ada three-member arbitration panel for resolution pursuant to the rules of the American Adaptive Company (or parent/guardian) and the Adaptive Company (or parent/guard | ctivity Sponsor cannot agr | | | |
| Signature: | | | | |
| Signature: | | | | |
| Signature | | Date: | | |

(Participant and/or ALL parent/guardians if participant is a minor)