


SPOTSYLVANIA PARKS AND RECREATION DEPARTMENT

P.O. Box 28 Spotsylvania, Va. 507-PLAY (7529)

www.spotsylvania.va.us/parksandrec



YOUTH / TEEN TENNIS CLINIC

*****MASKS Must be WORN at ALL TIMES, EXCEPT WHEN ACTIVE ON COURTS*****

Instructors: Amos & Eula Best

ACTIVITY # 413701-30

✓ Program Dates: Monday - Thursdays June 21 - July 1, 2021 (8 Classes)

(Make-up days specified by instructors.)

This program will cover; Fitness movements, Tennis skills practice and Competition.

Prerequisite: All players must have taken a beginner's tennis course.

SITE: All classes will be held at the Loriella Park tennis courts.

TIME: 10:00 a.m. - 11:30 a.m.

Age Requirements: 8 - 18 yrs.

Participants must meet the age requirement by the scheduled program starting date. **AGE WAIVERS are not permitted. NO EXCEPTIONS.**

Registration: April 5 - June 11, 2021

Fees: \$60 res. /\$70 non-res.

To register, complete the registration form and return it, along with the fee, to the Parks and Recreation Department located at Loriella Park. \$50 service charge on all returned checks. **2.75% NON-REFUNDABLE CONVENIENCE FEE CHARGED ON ALL CREDIT/DEBIT CARD TRANSACTIONS.** \$10 Late fee applied to all registrations after the deadline.

Register online at www.spotsylvania.va.us/parksandrec. A Household waiver must be completed and on file at the Parks and Recreation office prior to registering online.

Withdrawals:

Those wishing to withdraw from the program must do so by contacting the Spotsylvania Parks and Recreation Department by June 11, 2021. Individuals should follow up their verbal cancellation with a written refund request. A 20% administrative fee will be charged on all refunds. Failure to attend first meeting does not constitute a proper withdrawal, and the participant will not receive a refund. No refund will be issued to individuals who contact the Parks & Recreation Department after June 11, 2021.

Inclement Weather

The instructor will reschedule postponed matches. Postponements due to inclement weather will be placed on the Parks and Recreation Cancellation Line, 898-8546, as soon as a decision is made. Please listen to the message carefully.



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Leisure Activity/Class Registration Form

Please Print Legible-

First _____ MI _____ Last _____ Boy _____ Girl _____

Complete Address _____

City _____ Zip _____

Is this a new address or phone number? _____ Email Address _____

Primary # _____ Secondary Contact # _____ Alternate # _____

Age (where applicable) _____ Birth Date _____

Birth Certificate is (circle one): On File Enclosed (A birth certificate must accompany this form if not already on file.)

Shirt Size (if applicable) (circle one): Youth Small (6-8) Youth Medium (10-12) Youth Large (14-16)

Adult Small (34-36) Adult Medium (38-40) Adult Large (42-44) Adult XLarge (46-48)

Medical conditions, injuries or allergies: _____

Emergency Contact: _____ Phone _____

Class/Activity Name _____

Class/Activity Date (s) _____ Activity Number _____

Fee \$ _____ (Add \$10 if registering after the deadline date stated on front page of form)
(\$50 Fee On All Returned Checks)

(2.75% Non-Refundable Convenience Fee Charged On ALL Credit/Debit Card Transactions)

Release of Claims: (Parent or Guardian must sign for those under age 18): I, the undersigned, do agree to indemnify and hold harmless Spotsylvania County, and the officers, employees and agents thereof, and Spotsylvania County School authorities, from any and all claims or liability, including attorney's fees and costs for any personal injury or other damage suffered as a result of participating in a program. I understand that if I withdraw from the class/program, I must do so by contacting the Spotsylvania Parks and Recreation Department by the registration deadline date stated on the front page of this form. I must follow up my verbal cancellation request with a written refund request. A 20% administrative fee will be charged on all refunds. I understand that if I withdraw from the program for any reason after the registration deadline, no refund will be available. Failure to attend a class/program does not constitute a proper withdrawal, and the participant will not receive a refund.

Parent/Guardian Signature _____ Date: _____

Print Name _____

Checks payable to "Treasurer, Spotsylvania County". (\$50 Fee On All Returned Checks)

COVID-19 AGREEMENT (PLEASE READ CAREFULLY AND INITIAL):

Activities will resume under guidance from the Commonwealth of Virginia and Spotsylvania County officials. Please note that classes, programs, facility rentals, special events and sports may be delayed, postponed, or cancelled if at any time new guidance is issued at the state or local level regarding the COVID-19 virus. _____ (primary guardian initials)

I understand that the above listed participant will not be able to participate if they are experiencing any of the following: cough, shortness of breath, fever or chills, sore throat, muscle aches, headache, or new loss of smell or taste. _____ (primary guardian initials)