

AFTER SCHOOL TENNIS



OFFERED BY YOUTH TENNIS SAN DIEGO
 Come and Play "After School Tennis"
 Held at **Muirlands Middle School**

Beginner Program <u>Tuesdays 3:20-4:20pm</u> *Designed for players who are new to the game, with little or no tennis experience.	Intermediate Program <u>Wednesdays 3:20-4:20pm</u> *Designed for players who have knowledge of proper grips, strokes, solid fundamentals, scorekeeping and rules of the game.
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8-week fall session – weeks of September 21-November 10
 Cost includes one hour, per week of group lessons. Rackets available if needed.
 Space is limited – please RSVP to Lvosburgh@ytsd.org to reserve space today!

Cost of program - \$40 per child, per full eight-week session
 (Scholarship price of \$8 is available for any family in need of program cost assistance)

****Please note all school covid19 regulations will be enforced****
 For more information please contact Lindsey Vosburgh at Lvosburgh@ytsd.org



Please bring your payment and signed waiver to the first day of lessons.
Your instructor will collect everything. Please meet at tennis courts.

 All participants must complete this form ***Please be on time for pick up***

Child's name - _____
 School - _____ Grade: _____
 Address _____ City _____ Zip _____
 Parent's Name _____ Phone _____
 Email _____

In case of Emergency, please list person and phone number _____

Please Make Checks Payable to *YOUTH TENNIS SAN DIEGO* Return to tennis instructor with fee of
\$40/8wk session _____ or Scholarship Price \$8/8wk session _____
***(Scholarship fee is available to any family in need of program assistance)**

Waiver: I (we) agree that my child's participation in the After School Tennis program is without assumption of liability of any nature by Youth Tennis San Diego, the After School Tennis program instructors, any tennis club, recreation center or school where the program is operated. I do hereby discharge the aforementioned from any and all claims, which may suffer or sustain, directly or indirectly, in connection with said program.

PHOTO/VIDEO RELEASE: Participant Initial _____ Parent/Guardian Initial _____
 I hereby authorize BTC to allow the reproduction, dissemination, and/or publication of my name and likeness for media coverage, public relations, or any other purpose which may involve the use of photographs, films, and/or video tape recording. This is to be done in conjunction with my participation in an "Activity" or event and I understand and agree that I may neither pay a fee to receive individual promotional consideration from my participation, nor will I receive any payment for the possible commercial use of my name or likeness.

Parent/Guardian must sign for child to participate. _____ date: _____

Please sign additional covid waiver on back....

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. **Youth Tennis San Diego (YTSD) has put in place preventative measures to reduce the spread of COVID-19; however, YTSD cannot guarantee that you or your child(ren) will not become infected with COVID-19.** Further, attending After School Tennis Programs (AST) could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending AST and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at AST may result from the actions, omissions, or negligence of myself and others, including, but not limited to, YTSD/AST employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at AST or participation in AST programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless YTSD/AST, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto.

I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of YTSD/AST, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any AST program.

**Signature of
Parent/Guardian** _____

Date _____

Print Name of Parent /Guardian

**Name of AST
Participant** _____