



Classes at the
EI Tennis Courts
(On rainy days, in the EI
Community Center Gymnasium)

\$70 for the
6-week
Session

YOUTH TENNIS CLINIC

WITH TONY PEREIRA



Mail, fax or deliver to:
Emerald Isle Parks and Recreation
7500 Emerald Dr.
Emerald Isle, NC 28594
Phone: 252-354-6350
Fax: 252-354-9019
For more information contact:
Lainey Gottuso
lgottuso@emeraldisle-nc.org

How did you hear about the clinics?

Dates of clinic for which you want to register: _____

Child #1 Name: _____ Child #1 Age & DOB: _____

Child #2 Name: _____ Child #2 Age & DOB: _____

Child #3 Name: _____ Child #3 Age & DOB: _____

Parent's Name: _____

Mailing Address: _____

Email address (for future tennis events and programs):

Telephone Numbers: _____

In consideration of the opportunity to participate and/or my actual participation in any lessons, trips, events, contests associated with tennis or other related sport and non-sport activities of the Emerald Isle Parks and Recreation Department and Tony Pereira; I, for myself, my child (or ward), my heirs, assigns, executors and administrators, agree that Sponsors and their officers, directors, employees, instructors, administrators, trip and event leaders, assistants, agents and representatives and also any other participants taking part in these activities, are forever discharged and released, jointly or severally, from any and all claims for any injuries to my person, to my child (or ward), or to my property which may be sustained as a consequence of my or our participation in this activity. I also agree to indemnify and hold harmless all of the above named parties from and against any and all actions, claims, demands, liability, loss, damage and expense of any kind, including, but not limited to, judgments, attorney's fees and court costs arising from such claims. I am aware and fully realize that tennis can be dangerous, and I assume the sole risk and entire responsibility for any loss of life, injuries or damages that I or my child (or ward) may sustain. I am twenty-one years of age or older or have the consent of and agreement to these terms by my parent or guardian signing below. I will only engage in activities in which I am physically fit to participate, and have carefully read and understand these terms and statements.

Parent's Signature:

Signature

Date