



Check _____ Cash _____ Receipt # _____

VILLAGE OF WALDEN
Recreation & Parks Department
1 Municipal Square, Walden, NY 12586
waldenrec@yahoo.com 845-778-2177 x1524

2016 TENNIS LESSONS REGISTRATION
\$20 Residents or \$30 Non Resident -NO REFUNDS-
Checks Payable to: The Village of Walden

Child's Name: _____

Parent's Name: _____

Parent's Telephone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Grade: _____ Age as of May 1, 2016 _____

Does your child have any medical conditions? If so please state below (Allergies, asthma, etc):

Please be advised:

NO MEDICAL INSURANCE PROVIDED BY THE VILLAGE OF WALDEN

I, the undersigned, represent that I am the parent or legal guardian of the child named herein. I hereby authorize the above named child to participate in the activity or activities described herein. On behalf of myself and the minor child named herein, I hereby agree to assume all risks of the child's participation in the activity and I hereby release any and all claims that we may have against the Village of Walden, their officials, employees and volunteers.

parent / guardian signature

date