

Town of Somers  
Department of Parks & Recreation  
**SUMMER 2016 SPECIALTY SPORTS CAMP**  
**REGISTRATION FORM**  
*(Any Time Tennis and Sports- Tusker Tennis Camp ONLY)*

**Participant Information**

First Name	Last Name	Gender male                      female
Date of Birth (day, month, year)	Age	Grade in fall 2016
Home Phone	Family E Mail	
Mailing Address		
Street Address (if different from above)		
Parent/Guardian 1 Name (first /last)	Cell Phone	Work Phone
Parent/Guardian 2 Name (first /last)	Cell Phone	Work Phone
Emergency Contact Name (other than parent/guardian)		Phone
Please list the names of anyone who is authorized to pick your child up from Camp:		
Medical issues, daily medications or special needs		

Program:	Date:	Time:
Program:	Date:	Time:

***Please Make check payable to: Anytime Tennis and Sports***

REFUND POLICY: Refunds will be authorized by Program Provider Only.

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As a participant in the above program, I recognize and acknowledge that there are certain risks of physical injury. I agree to assume the full risk of any injuries, damages or loss which I or my child may sustain as a result of such participation. I further understand that the Town of Somers does not provide accidental medical coverage and it is my responsibility to provide appropriate coverage. I agree to waive and relinquish all claims and hold harmless the Town of Somers Parks & Recreation, its officers, agents, and employees from any and all claims.

Signature (Parent/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_