

AFTER SCHOOL TENNIS

OFFERED BY

YOUTH TENNIS SAN DIEGO

Held at **Muirlands Middle School**



Please join us every Wednesday for TENNIS FUN!!!

Program is ideal for beginner to intermediate level of play. Juniors will participate in a variety of tennis drills and group games. Basic fundamentals will be taught, including forehand, backhand, and volley.

All equipment is provided. Please note, all SD Unified covid19 protocols will be enforced.

Wednesdays 3:20 – 4:20pm onsite at Muirlands MS
8-week session – cost \$40

Space is limited!!! Please RSVP in advance to reserve your space in program

RSVP to lvosburgh@ytsd.org

2022-23 Session Dates

Session 1	Session 2	Session 3
September 21 – November 9	January 11 – March 1	March 15 – May 10 No programs the week of Spring break

Please turn in signed waiver and payment to your instructor on first day of lessons.

Please meet your instructor on the tennis courts. Have Fun!!!

After School Tennis Registration Form

All participants must complete this form

School/Site _____ Grade: _____

Child's name _____ Sex M () F ()

Address _____ City _____ Zip _____ Phone _____

Have you participated in our After School Tennis program before? Yes _____ No _____

Parent's Name _____ Work phone _____

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

 Please Make Checks Payable to **YOUTH TENNIS SAN DIEGO** 

(Note students name on check) Return to tennis instructor with fee of
\$40/eight-week session _____ or Scholarship Price - \$8/eight-week session _____
(Scholarship price is available to any student 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: _____

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 _____