



P.O. Box 94
Bay Head NJ 08742

Bay Head Home & School Association

SPORTS CLINIC WAIVER AND RELEASE FORM

I, _____, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the Bay Head Home and School Association and its affiliated organization and sponsors. Recognizing the possibility of physical injury, associated with ___ **Tennis Lessons** _____ and in consideration for the Bay Head Home and School Association accepting the registrant for its ___ **Tennis Lessons** programs and activities, I hereby release, discharge and/or otherwise indemnify Bay Head Home and School Association, all Board members, coaches, its affiliates, organizations and sponsors, their employees and associated personnel, including the owners of the facilities used for the programs against any claims by or on behalf of the registrants as a result of the registrant's participation in the programs.

participants name

parent/guardian signature

date

parent/guardian name (please print)

TENNIS CLINIC sponsored by the
BAY HEAD HOME AND SCHOOL ASSOCIATION

Starts the week of May 13 - 4 weeks

Grades 1-4 at the Bay Head School



Place: Bay Head School Courts

Time: 2:30-3:30

Days: Grades 1-2 Mondays

Grades 3-4 Tuesdays

Cost: 4 sessions \$60.00 CHECKS payable to "Bay Head Home and School Association"

Head Instructor: Beth Fallivene,

Assistant : Colin Jacobs PPBHS Varsity Tennis player

- 6:1 ratio, maximum of 12 students per class
- Students must provide their own racquet
- Make ups due to weather related cancellations will be arranged by instructor



Students Name _____ Grade _____

Parents Name _____ Cell _____

Email _____

Allergies _____



PLEASE RETURN BY FRIDAY MAY 10 THANK YOU