SMITHFIEL	D PARKS & RECREATIO	Ν		
SUMMER	TENNIS CAMP			
REGISTRATION FORM				
JUNE 10TH-12TH, 2024 SSS HIGH SCHOOL TENNIS COU AGES 6-10 FROM 6:00-7:00P AGES 11-18 FROM 7:00-8:00P	M (Cash or checks O	N FEE NLY!)		
DATE OF BIRTH				
	DATE OF BIRTH			
ADDRESS	CITY			
PHONE E-MAIL				
SECONDARY CONTACT	PHONE			
LIST ANY SPECIAL NEEDS				

Waiver Policy

As a participant or parent/guardian of the above named participant (under 18), I understand in these activities that incidents of accident and injury could occur. I participate voluntarily in these activities. I have read the agreement and understand it's contents. I release and hold harmless the Town of Smithfield Parks and Recreation Department and the Town of Smithfield and it's agents from any claim arising out of injury to myself or my child.

Date: _____ /____ /____

(919) 934-2148

All checks must be made out to James Reid.

Signature:_____

DEPARTMENT USE ONLY	CMITHFIFID
AMOUNT PAID \$	
CASH CHECK CHECK #	
	PARKS & RECREATION
FEES ARE DUE AT TIME OF REGISTRATION.	600 M. Durwood Stephenson Pkwy