Tighten Your Strings Tennis Tournament

***Please circle the division(s) you would like to participate in.

Tennis

Singles	Doubles	Mixed Doubles	Family Doubles
10 & Under	*16 & Under*	*16 & Under*	*Parent/Child 14 & Under*
12 & Under	*21 & Under*	*21 & Under*	*Parent/Child 16 & Under*
14 & Under	*22 to 29*	*22 to 29*	*Parent/Child 18 & Under*
16 & Under	*30 & Over*	*30 & Over*	
18 & Under			
23 & Under			
24 to 32			
33 & Over			

Please list any day of the tournament you cannot play May 23—28, 2011 _____

Name of Participant_____ Male _____ Female _____

If applicable, please list doubles partner _____ Email _____

Phone Number _____ Birthday _____ Age_____ - Age eligibility is as of Dec. 31, 2010.

Address_____ City_____ State_____ Zip_____

Participant/Parental Statement of Agreement – Assumption of Risk, Liability Release and Refund Policy

1. Release: I hereby recognize and acknowledge that my/child's participation in recreational activities may involve bodily injury and/or emotional injury to myself and/or my child. In consideration of my child being permitted to participate in such events, I for myself, my child, my heirs, my executors and administrators, hereby voluntarily and knowingly release, waive, and discharge Salt Lake County, its officers and employees from any and all liability except that caused solely by the negligence of Salt Lake County, that may result from my child's participation in Parks & Recreation activities. In addition, I agree that I or my insurance company will pay for medical, hospitalization or any other expenses resulting from my child's participation.
2. Refund: As per Salt Lake County policy and procedures, the Parks and Recreation Division may withhold 25% of the refund (program registration fee) for administrative costs. All refunds must be requested in person, accompanied with a written refund request. No refunds shall be given after the first day of the program.
3. Collections: I agree to pay Salt Lake County all costs incurred, together with reasonable attorney's fees in the event that my account is referred to the Salt Lake County Attorney's Office for collection. I understand that any account delinquent 30 days or more will be turned over to the Salt Lake Attorney for collection.
4. Emergency Treatment: I hereby authorize Salt Lake Parks and Recreation program staff to act on my behalf in accordance with their best judgment in case of an emergency involving my child, and agree to assume full responsibility for all expenses, medical or otherwise, that may arise there from. I understand that I or my insurance company will be billed for such emergency treatment.
5. Equal Opportunity: Salt Lake County Parks and Recreation provides equal opportunity to participate regardless of race, creed, gender, or ability to pay, and will upon request, provide reasonable accommodations to individuals with disabilities.
6. By signing this assumption of risk, liability release, and refund policy statement, I acknowledge that I have read its contents and disclosure, that I understand its contents and disclosure, and that I agree to its terms.

Signature (Participant or if under 18 legal guardian):_____ Date_____

OFFICE USE ONLY...Receipt No.	Amt.	By	Date