



YOUTH TENNIS LESSONS



Program Instructor:

Program runs: June 5th – June 21st 2023 .

***If court renovations are happening we will
Host in the Middle School Gym***

Registration Form

I, the Parent/Guardian of the child listed below, hereby agree to indemnify and hold harmless the Osceola Parks and Recreation Department, Clarke Community School District, the City of Osceola, their agents, commissioners, officers, volunteers and employees of from any and all liability for personal injuries or damages that may hereafter be sustained while participating in, traveling to or from, or observing of this Youth Recreational Program .

Child's Name: _____ Male/Female

Grade: _____ Phone:(Cell) _____ (W) _____

E-mail address: _____

Parent's Name (print): _____

Participant T-shirt Size: *(Please circle one)*

Youth Sizes:

Small Medium Large

Adult Sizes:

Small Medium Large X-Large XX-Large

Registration Fee:
\$40
Payable to:
Osceola Parks and Recreation
Please Return Form To:
Osceola Parks and Recreation Department
115 N. Fillmore St.
Osceola, Iowa 50213

Times of Instruction:
5th - 12th Grade - 8:00am (Mon – Thur.)
1st – 4th Grade – 9:00 am (Mon – Thur.)
Class Dates:
June 5th – 8th, June 12th – 15th, June 19th –
June 21st.
June 21st will be FUN DAY everyone
attends 8:30-10:00 a.m.

MEDICAL AUTHORIZATION

FOR: _____

I, THE PARENT/LEGAL GUARDIAN OF THIS PARTICIPANT IN THE LOCAL YOUTH BASKETBALL PROGRAM, HEREBY AUTHORIZE THE TEAM COACH/ASSISTANT COACH TO OBTAIN WHATEVER MEDICAL SERVICES DEEMED NECESSARY IN THE EVENT THE PARTICIPANT SUSTAINS AN ILLNESS OR INJURY IN MY ABSENCE. THIS AUTHORITY INCLUDES CONSENT TO ANY MEDICAL PERSONNEL OR FACILITY TO RENDER CARE AND TREATMENT AUTHORIZED BY THE COACH/ASSISTANT COACH. VOLUNTEERS WILL NOT BE RESPONSIBLE FOR THE COST OF MEDICAL TREATMENT OR TRANSPORTATION.

Listed Below Are Any Allergies/Illnesses Or Special Needs Of The Participant:

Parent/Guardian(Signature): _____ Date: _____