



## Coach Ade's Tennis Camp 2017

Dates: June 14-16

Time: 9:30-11:00

Location: District Tennis Courts

### What to bring

\*Water

\*Tennis Shoes

\*Racket

\*Return the following portion to Christal Ade: 109 E. 9<sup>th</sup> Chapman, KS 67431

Student Name: \_\_\_\_\_

Shirt Size: \_\_\_\_\_

Upcoming Grade Level: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_



Complete this liability section and return with registration and payment.

I, the undersigned parent or legal guardian, for and in consideration of the privilege of my undersigned dependent being able to participate in summer athletic activities at and for TENNIS for the summer camps of 2017, hereby covenant and agree to release and forever discharge Chapman High School its agents, servants, employees and volunteer coaches and assistant coaches, USD 473 School Board and its members, from any and all claims, demands, losses, damages, costs, expenses, and attorney's fees for injury to or death to the undersigned dependent resulting from, growing out of, caused by, or arising in any manner out of playing or participating in sports and organized athletic activities at and for Christal Ade's Tennis Camp.

I, the UNDERSIGNED, having read and understood the Release, do agree and consent to the participation of undersigned dependent in sports and organized athletic activities at and for Christal Ade's Tennis Camp. I execute it voluntarily and with full knowledge of its significance.

Dated and signed at \_\_\_\_\_, Kansas this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Legal Guardian

Student