



Belgrade Community Center for All Seasons



1 Center Dr.
Belgrade, ME. 04917
Tel: 495-3481

email: communitycenter@belgrademaine.com
www.belgrademaine.com

Held at the Belgrade Central School Fields

Rt #27, Belgrade, ME 04917

TUESDAY MORNINGS

JULY 1-AUGUST 19, 2008

\$40

Grades K-2: 9:00 -10:00am

Grades 3-5: 10:30-11:30am

RACQUET required.

Family Physician Name: _____

Physician Phone #: _____

Any Allergies or Dietary Considerations? _____

Any Medical Problems (include past injuries) _____

2008

YOUTH TENNIS LESSONS

2008

Registration Deadline: June 20, 2008

PLEASE MAKE CHECKS PAYABLE TO: **TOWN OF BELGRADE** AND RETURN YOUR REGISTRATION FORM TO:
BELGRADE COMMUNITY CENTER FOR ALL SEASONS, 1 CENTER DR. BELGRADE, ME, 04917

Participants Name (Last name, First name)	Gender	Grade (entering fall 2008)	D.O.B	Age	Grade K-2 9:00-10:00am?		
					Grade 3-5 10:30-11:30am?		

Mother's Name: _____ Alternate Phone #: _____

Father's Name: _____ Alternate Phone #: _____

Email Address: _____

Mailing Address: _____ Home Phone: _____

Should we be unable to contact you in the event of an emergency, please list the name and contact number of another responsible adult we may be able to reach.

Emergency Contact: _____ Day Phone: _____ Night Phone: _____

Participation in this activity may involve risk of injury or death. As a parent, guardian, or participant I am aware of these hazards and my/(my child's) ability to participate. In registering for participation in the programs(s) listed above, I hereby waive and release all rights and claims against the Town of Belgrade and the Waterville Boys and Girls Club and YMCA, its officers, employees, agents, volunteers and supervisors from all losses, injury, damages, fees and other expenses arising out of, or in connection with participation in the above registered activity. In addition, I give my consent for the Belgrade Community Center and staff to act in my place in all respects should the need arise during the course of this activity or related travel. This shall include but not be limited to obtaining medical care.

Parent/Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY	
PAID: _____	_____
CH.CK#: _____	_____
DATE: _____	_____