



# 21st Annual Gifford Park Free Tennis Program

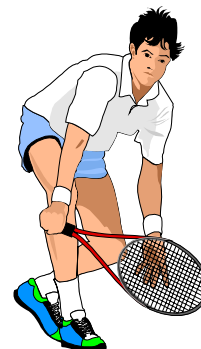


**For:** Youth (4 to 18 years old)

**Dates:** August 6, 13, 20, 27  
(each Wednesday in August)

**Where:** Gifford Park Tennis Courts  
(33rd & Cass St.)

**Time:** Ages 4 to 9 (6:00 - 6:45 p.m.)  
Ages 10 to 18 (6:45 to 7:30 p.m.)



The Gifford Park Neighborhood Association is offering **FREE Tennis Lessons** and will provide tennis racquets, balls and instructors for each lesson. Parents and others are welcome to help.

**To be enrolled, YOU MUST complete the form shown below and bring with you to the tennis lessons.** Special prize for those who attend every lesson and demonstrate good sportsmanship. Space is limited so please **be on time.** Call **402-342-6006** or **402-290-8187** for more information.

-----  
**Registration/Permission Form** - Bring this form (completely filled out) with you to the tennis lessons to be enrolled.

Youth's Name: \_\_\_\_\_ Parent's Name: \_\_\_\_\_  
 Street: \_\_\_\_\_ Street: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_  
 Parent/Guardian Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

As the parent or legal guardian of the child named above, I hereby give my full consent and approval for my child to participate as a member of the Gifford Park Neighborhood Association Youth Program.

I understand that there are certain risks of injury inherent in the practice and play of this sport, as well as related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in this sport and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed below.

I hereby waive, release and hold harmless the Gifford Park Neighborhood Association Youth Program, and the City of Omaha, Nebraska, its Officers, coaches, sponsors, supervisors and representatives for any injury that may be suffered by my child in the normal course of participation in this sport and the activities incidental thereto, whether the result of negligence or any other cause. Furthermore, I give consent to any necessary medical treatment in case of emergency.

**Signature of Parent/Guardian:** \_\_\_\_\_