

Apex Parks, Recreation and Cultural Resources Registration Form Mailing Address: PO Box 250 Apex, NC 27502 (Make checks payable to: Town of Apex)

ADULT TENNIS LADDER #8311

Registration Starts: Tuesday, January 21, 2020 Residents: \$5 per player
Registration Ends: Thursday, February 13, 2020 Non-Residents: \$30 per player



Individuals must be 17 years old by February 13, 2020 to be eligible.

There will be singles ladders for men and women. There are two competitive levels of play: 3.0-4.0 and 4.5-up.

Spring Ladder begins in March and will last nine weeks (depending on participation). Players may join the ladder during the first six weeks of the season. Flexible scheduling allows players to arrange their own match times and locations.

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Course #8311	☐ Men's 3.0-4.0	☐ Men's 4.5-up	□ Wom	☐ Women's 3.0-4.0 ☐ Women's 4.5-up		
Participant's First Name		Last Name				
Gender	Male □	Female □	Date of Bi	Date of Birth /		/
Address						
City			Zip Code			
Primary Phone	☐ Home ☐ Work ☐	Cell				
Primary Email						
I would like the Apex Parks, Recreation and Cultural Resources to know the following information regarding this participant: Medical Conditions Allergies Special Needs None/Not Applicable						
If yes to any of the above, p	olease explain in detail:					
Does the participant need an accommodation(s) to participate? Yes \(\Bar{\sqrt{1}} \) No \(\Bar{\sqrt{2}} \)						
If yes, someone from inclusion ser individuals of all abilities. In comp accommodations are in place, acco Allie Prelaske at 919-249-3507.	liance with the ADA, we will p	rovide reasonable accommod	ations to facilitate	e participation in	our program.	To ensure that reasonable
Photo/Video Policy I hereby grant the Town of Apex permedia and video programming, with submitted photos, videos, or other a approve the finished product, includ to the use of the photograph or vide representatives, executors, administ Statement of Waiver I, for myself or as parent or guardian employees of the Town, volunteers, against them. I understand that no ir emergency care to be rendered to mAs part of this approval, I acknowled the opportunity to discuss with progroption indicates my approval and accultural Resources Department. By signing below, you are agreeing to	out payment or any other considirtwork for purposes of publicizin ing written or electronic copy, who. I hereby hold harmless and relirators or any other persons acting, hereby assume all the risks and contractors and/or sponsors from surance coverage is provided by myself or child should I not be avaige I may have the opportunity to ram organizers potential hazards ceptance. I understand the Town	eration. I hereby irrevocably aut g the town's programs and faciliherein my likeness appears. Add ease and forever discharge the g on my behalf, or on behalf of I hazards incidental to the condum all risks and hazards associated the Town of Apex Parks, Recreatilable or able to give such permineview the premises, equipmer and risks that may be associate of Apex does not provide transparent.	horize the Town o ties, or for any oth tionally, I waive ar own of Apex from ny estate, have or ct of the activities. I with the activitie tion and Cultural F ission. t and personnel que d with the activity portation to or from	f Apex to edit, altred lawful purpose by right to royaltie all claims, demand may have by reast I release, absolve and in the event Resources Departiculalifications to be and take responsimations altreduced to the control of the co	er, copy, exhibit In addition, I ves or other com ads and causes on of this author of injury, do ex ment. I further a used in conductibility for doing uled by the Ape	t, publish or distribute all waive the right to inspect or pensation arising or related of action which I, my heirs, orization. The Town of Apex, expressly waive all claims give permission for proper cting the activity. I also have so. Failure to exercise this ex Parks, Recreation and
If you wish to opt out of the Photo/						
Participant's Signature				Date	/	/ 2020
For Department Use Only						
Fee:	□ \$ 5 Resident (per player) □ \$ 30 Non-Residents (per player)					
Receipt #	DATE PA	ID: / /2	020	St	aff Initials	
Waiting List #		Resident / 🗆 Non-Resi	lent	St	aff Initials	