



Town of Schroepfel  
 Community Services Department  
 Parks, Recreation, Community Education, Municipal Projects  
 69 County Route 57A, Phoenix, NY 13135  
 Telephone (315) 695-2801  
 Fax (315) 695-3231  
[hknipp@townofschroepfel.com](mailto:hknipp@townofschroepfel.com)

**Office Use Only:**  
 Date Paid: \_\_\_\_\_  
 Amount Paid: \_\_\_\_\_  
 Cash \_\_\_\_\_ Check# \_\_\_\_\_  
 Online Registration \_\_\_\_\_  
 Res \_\_\_\_\_ Non Res \_\_\_\_\_  
 Late Fee \_\_\_\_\_  
 Additional Notes \_\_\_\_\_



**\*\*\*Registration Form and payment available online at [www.townofschroepfel.com](http://www.townofschroepfel.com)\*\*\***  
**Register by July 3<sup>rd</sup> to secure your place!**  
**Youth: \$45    Adults: \$50**

**Youth:    **Tuesdays, July 28th – August 25th****

- Star Set (ages 6 – 8) 5 - 6 PM
- Sure Shots (ages 9 – 12) 6 – 7 PM
- Aces (ages 13 – 17) 7 - 8 PM

**Adults:    **Thursdays, July 30th – August 27<sup>th</sup>****

- Adults (ages 18 and over) 6 – 7 PM

Program Name: **2026 Tennis Lessons**  
 Participants Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

Today's Date: \_\_\_\_\_  
 Grade: \_\_\_\_ Age: \_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Sex: M \_\_\_\_ F \_\_\_\_

Tennis experience: \_\_\_\_\_

Is the participant a town resident? \_\_\_\_\_

List any medical conditions or other conditions: \_\_\_\_\_

A written doctor's release is required if you have asthma or health problems. Are there any physical or health conditions that we need to be aware of? Specify: \_\_\_\_\_

*(We cannot guarantee make-ups for weather related cancellations.)*

**Parent / Guardian Information: (Please list in contact order)**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

(over)





**Emergency Contact:**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

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

Doctor to notify in case of emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital preference, if any: \_\_\_\_\_

**\*\*\*CONSENT FOR MEDICAL TREATMENT OF A MINOR\*\*\***

I understand that there is no accident or injury insurance coverage for injuries incurred in this program. I agree to be financially responsible for any injuries related to program participation. I understand that the fees for this program are not refundable except in the case of departmental cancellation. If the participant named above is a minor:

- 1) My signature signifies my permission for this person to participate in this program.
- 2) I give my consent for a licensed physician to perform whatever medical treatment is deemed necessary in my absence.
- 3) I give permission for the above names participant to be transported to the nearest available medical facility in the event of an injury.

\_\_\_\_\_  
Signature of Parent or Guardian OR Adult Participant

\_\_\_\_\_  
Date

I give my permission for my child to be photographed for publicity purposes.

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

How did you hear about our program? \_\_\_\_\_

**\*Please make checks payable to *Town of Schroepel***

Registration forms can be emailed to [hknipp@townofschroepel.com](mailto:hknipp@townofschroepel.com) and payment can be made online at <https://www.govpaynow.com/gps/user/plc/a001i8>. Or registration forms, along with a check or money order, can be dropped off in the Community Services drop box at the front of the Town of Schroepel office building.

Registrations and payment may also be mailed to:

Community Services Department  
Town of Schroepel  
69 County Route 57A  
Phoenix, NY 13135

