


Castleton Recreation Adult Tennis Camp 2023

USTA Tennis in the Parks 

Registration Form - complete 1 per person

Registration Fee: \$75/adult

Schedule: Mondays & Thursdays (6-7:30pm) July 10, 13, 17, 20, 24, 27

Location: Castleton University / Vermont State University Tennis Courts

Please note: if courts are still at all wet due to weather, class will likely be canceled.

To register, please turn in a completed registration form and program fee payment (cash or check) to the Castleton Town Offices, located: 263 VT-30, Bomoseen, VT 05732. The outdoor dropbox is accessible 24/7.

Space is limited, so register soon to secure a spot! If there are no more spots available upon registration, you'll be informed and refunded as soon as possible. Registration will be confirmed by an email from the Recreation Director, assuming full payment has been received and there is room in the program. You may inquire for updates on your registration status anytime by emailing recreationdirector@castletonvt.org

Adult Tennis Registration Form

Please print legibly to ensure we can contact you to confirm your registration status.

First Name	
Last Name	
Email Address	
Phone Number	
Home Address	
Zip Code	
Date of Birth (MM/DD/YYYY)	

Emergency Contact Name	
Emergency Contact Phone Number	
Liability Release Waiver	<p>Signing below means you have read and agreed to the following: I understand that there are risks of physical injury inherent in participating in sports and recreational activities. I understand that the Town of Castleton does not carry health or accident insurance for participants of its programs, and strongly advises participants to carry adequate coverage for themselves and their family. I understand that injuries are a possibility as a result of this activity. I agree to hold the Town of Castleton, Castleton Recreation Commission, or anyone associated with this program harmless for any responsibility or liability from any injuries or property damage which may arise from my/my child's participation in this program. I also understand that my own medical and /or disability insurance will be used in the event of an injury in any program and that I will be directly responsible for any medical costs.</p>
Photo Release Waiver	<p>Signing below means you have read and agreed to the following: I hereby consent to the use of my or my child's photo, video, etc. by the department for flyers, presentations, etc.</p>
Refund Policy	<p>Signing below means you have read and agreed to the following: If you no longer wish to participate in a program, withdrawal must occur 48 hours before the start of the program to procure a refund. Credit card processing fees which are built into the program fee are non-refundable. All other refunds are reviewed on a case-by-case basis.</p>

Date: _____

Participant Name (printed): _____

Participant Signature: _____