

WELCOME!

Welcome to the Continental Flagstaff Junior Tennis, Golf & Swim Program! Continental Flagstaff knows that the love of sports starts at a young age and at Continental we see the great benefits of early activity for our junior members. Research has shown that playing a sport not only offers a child physical benefits but social and academic as well. Children that play sports learn self discipline, commitment, and have an overall higher self - image as they take part in an activity where they have positive social interaction with their peers.

This handbook includes program policies and important information you will need before the start of the program. We hope you will read the handbook carefully. If you have any questions, please call us.

Thank you for choosing Continental Flagstaff Junior Program! We're glad you are here!

Warmly,



Coach Trent Hayward

Tennis

614 - 226 - 1083



Coach Bob Sather

Golf

559-999-1925



Coach Liz Hobbs

Swim

928 - 286 - 7989



Coach Mary Anne
Gerzanick

Swim

HELPFUL INFORMATION:

PROGRAM RUNS: Jun 3rd- Aug 1st

Ages 6-9: Classes are offered on Monday's and Wednesday's.

Ages 10-15: Classes are offered on Tuesday's and Thursday's.

SCHEDULE:

8:45AM- Drop Off- Tennis Courts- Check-in at courts 1 &2

9:00AM- 10:00AM-Tennis Instruction with Trent Hayward, USPTA Director of Instructor

10:00AM-10:15AM- Water & Snack Break- Self Provided

10:15AM-11:15AM- Golf Instruction with Bob Sather, PGA

11:15AM-11:30AM- Locker Room Time- Swim Attire

11:30AM-12:30PM- Swim Instruction with Liz Hobbs or Mary Anne Gerzanick, Swim Instructors

WHAT TO WEAR:

Your child should dress for an active day. We suggest comfortable athletic wear. Closed toe shoes are required. If your child is participating in the swim class please make sure to pack your child a swim suit to change into at the Continental Pool Locker Room.

WHAT TO BRING:

Your child should bring a water bottle, a snack, sun-screen, and any athletic equipment they would like to use and a change of clothes for swim class.

RELEASE OF CHILDREN:

No child will be released to persons not authorized by a parent or guardian.

LATE PICK-UP POLICY:

Continental Junior Program ends at 12:30pm. If your child is picked up after 12:45pm, a late charge of **\$1.00 per minute per child** will be assessed. If late pick-up occurs three times or more, your child may not be able to return to the program. If you child has not been picked up by 1:00pm and Continental staff has been unable to contact parent/guardian or emergency contact, law enforcement will be called.



CONTINENTAL FLAGSTAFF
JUNIOR PROGRAM
PERMISSION FORM

YOUTH INFORMATION

Name _____ Grade _____ DOB _____ Male/Female

Nickname _____ School: _____

Address: _____

Secondary Address: _____

Youth Email _____

Youth Home Phone _____ Youth Cell Phone _____

PARENT/ GUARDIAN INFORMATION

Name(s) _____

Email(s) _____

List all phone numbers where the parent/guardian can be reached (type: i.e. home, cell)

Name _____ # _____ Type _____

Name _____ # _____ Type _____

Name _____ # _____ Type _____

Name _____ # _____ Type _____

EMERGENCY CONTACT

Name _____ # _____ Relation _____

Name _____ # _____ Relation _____

PARENTAL CONSENT:

The undersigned does hereby give permission for my child _____ (child's name) ("Participant"), to attend and participate in Continental Flagstaff Junior Program during the period of June 3, 2019 to August 1, 2019.

LIABILITY RELEASE:

In consideration of Continental Flagstaff allowing the Participant to participate in the Junior Program, I, the undersigned, do hereby release, forever discharge and agree to hold harmless Continental Flagstaff, its directors, employees, volunteers and teachers (collectively herein the " Program") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the program. I, the parent or legal guardians of this Participant hereby grant my permission for the Participant to participate fully in program and its activities.

Name of parent/guardian

X

Signature of parent/guardian

Date

Name of parent/guardian

X

Signature of parent/guardian

Date

MEDICAL INFORMATION

YOUTH INFORMATION (Please Print)

Youth Full Name _____ Nickname _____

Home Address _____

Home Phone _____ DOB _____

PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian Name(s): _____

List all parent/guardian contact phone numbers in best order to be reached: _____

NON-PARENT/GUARDIAN EMERGENCY CONTACTS

Name: _____ Relation: _____

Phone(s): _____

PRIMARY CARE PHYSICIAN

Name: _____

Phone(s) _____ Fax: _____

Name of practice: _____

Date of last Tetanus shot (required) _____

INSURANCE INFORMATION

Medical Insurance Company: _____ Phone: _____

Policy/Group ID#: _____

Policy Holder's Name (please print): _____

Required: Attach a copy of medical insurance card here.

MEDICATION:

List all medications the youth takes on a daily basis. This includes any prescription, non -prescription medications, herbal supplements and vitamins.

Medication Name	Dose	Treatment for	Dispensing instructions
<i>Example: Zyrtec</i>	<i>5mg</i>	<i>Seasonal allergies</i>	<i>Take one pill daily in the morning with food</i>
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MEDICAL CONDITIONS: Please answer in detail if applicable or write N/A. Attach additional pages if necessary.

1. List any medical conditions you have (asthma, diabetes, epilepsy, etc.):
2. List any allergies (drug/medicine, food, and/or environmental) and the severity and type of reaction:
3. Please explain any other pertinent information about the participant (i.e. physical, behavioral, or emotional) that would be important for the coaches to know.

Continental Flagstaff Photo Release Form for Children

I agree that Continental Flagstaff may photograph and record my child/dependent's likeness and activities (Images) ¹ during Junior Program activities. I grant the following rights to Continental Flagstaff: permission to use and re-use, publish and re-publish, and modify or alter the Image(s) taken during the shoot. Use of the Images for editorial, commercial, trade, advertising, and any other purpose may be done in any medium now existing or subsequently developed, on the club website and on the Internet, and worldwide in perpetuity for the purposes stated above.

I waive my right to inspect or approve any editorial text or copy that is used in connection with the Images and release and discharge Continental Flagstaff from any and all claims arising out of use of the Images for the purposes described above, including any claims for libel, invasion of privacy, or other tortuous act.

I have read the foregoing. I fully understand its contents, understand that this agreement does not expire, and confirm my agreement by signing below. I am over the age of 21 and have legal capacity to sign the release.

_____ Child/Youth's Name (print)	_____ Parent/Guardian Name (print)
X _____ Parent/Guardian Signature	_____ Date
_____ Street Address	_____ City, State, Zip
_____ Parent/Guardian Email	_____ Phone

¹ Image means all photographs, film, or other recordings taken of you as part of the Shoot.