



North Kingstown Recreation's

Adult Tennis League

This is NOT a drop-in league

League Begins on JUNE 23rd

**PRE-REGISTRATION IS MANDATORY FOR THIS LEAGUE
BY JUNE 16th**

Questions? Comments? Email: northkingstowntennis@gmail.com

PRE-REGISTRATION by June 16th IS COMPLETED VIA EMAIL

When We Play:

June 23 through August 25

Wednesday Nights at North Kingstown High School and Davisville Middle School.

Co-ed Doubles @ 6:00 pm.

Co-ed Singles @ 7:30 pm

MAX PARTICIPANTS  64 Doubles Players  16 Singles Players

We will attempt to find you a partner if you wish to play doubles.

Fees:

NK residents: \$60 per player

Non-NK residents are welcome (and encouraged) **to** join for \$70 per player.

****Tennis Balls are NOT included.****

Level of Play:

In the past, we have had a fairly wide range of playing ability in this league. In general, for DOUBLES our goal is a USTA 2.5-3.5 playing level. For SINGLES, a USTA 3.0-4.0 playing level. To gauge your level of play with a USTA ranking. Go to the following link,

<https://www.usta.com/en/home/play/play-as-a-member/national/about-ntrp-ratings.html>

Choose ***"Click here for Characteristics on each NTRP level"***. For additional help, you can also look at ***"Click here for guidelines on self-rating"***

Level Commitment:

- You must be available for all Wednesday evenings as the schedule is set pre-season.
- We understand there are vacations and things that happen, at these times, you must send a sub. In these instances, if possible, give at least 48 hours' notice. We will have a SUB list
- Entire matches can be rescheduled but rescheduling of matching is the sole responsibility of the players involved

PRE-REGISTRATION by June 16th IS COMPLETED VIA EMAIL AT
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Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

North Kingstown Rec Programming has put in place preventative measures to reduce the spread of COVID-19; however, NK Rec **cannot guarantee** that you or your child(ren) will not become infected with COVID-19. Further, **attending NK Rec Programming, being exposed to the public, could increase** your risk and your child(ren)'s risk of contracting COVID19



By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending NK Rec Programming and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, NK Rec employees, volunteers, and program participants and their families even though North Kingstown Recreation is taking all possible precautions.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at NK Rec Programs or participation in NK Rec programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless NK Rec, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of programs, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any programming.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

Print Name of Participant(s)

**TOWN OF NORTH KINGSTOWN
RECREATION DEPARTMENT
100 Fairway Drive
North Kingstown, Rhode Island 02852
Phone (401) 268-1542**

**ADULT'S CONSENT TO PARTICIPATE
AND HOLD HARMLESS AGREEMENT AND RELEASE**

I, (Print Name) _____ (hereinafter the participant) state that I
wish to participate in (Print Name of Event or Program)

_____ sponsored by the North Kingstown Recreation
Department (the "Recreation Department").

The participant understands that participation in the above program is VOLUNTARY and that the participant does not have to participate. It is understood that the program involves activities which could result in injury to the participant's person or damage to the participant's property, and that by participating, the participant voluntarily accepts and assumes the risk of personal injury and damage to property.

It is understood that the Recreation Department DOES NOT provide any insurance coverage for the participant's person or property; and the participant acknowledges that he/she is responsible for his/her safety and health care needs, and for the protection of his/her property.

In exchange for allowing the participant to participate in this event or program, the participant agrees to and hereby does release from liability, indemnify, and hold harmless the Town of North Kingstown, its agents, officers, and employees from any injury to the participant's person or damage to the participant's property which arises out of or occurs during or as a consequence of his/her participation in the event or program, whether or not such injury or damage may have been caused, in whole or in part, by any negligence or want or care on the part of the Town of North Kingstown, its agents, officers, or employees.

This Hold Harmless Agreement and Release shall be binding upon the participant and the participant's heirs, executors, administrators, and assigns.



The participant understands that this document is complete unto itself and that any oral promises or representations made to him/her concerning this document and/or its terms are not binding upon the Town of North Kingstown, its officers, agents and/or employees.

BY INITIALING I AGREE TO THE UNRESOLVED USE OF MY AND/OR LIKENESS (INCLUDING PHOTOGRAPHS, VIDEO TAPES, AND OTHER DEPICTIONS) FOR PUBLICIZING NORTH KINGSTOWN RECREATION ACTIVITIES AND EVENTS.

Participant's Legal Name (SIGN): _____

Date: _____