



# CITY OF MERCED

## PARKS AND COMMUNITY SERVICES

### U.S.T.A. TENNIS HITS 2025



H.I.T.S. is a tennis program for kids 10 and under that incorporates the fundamentals of a team sport with life skill enrichment. H.I.T.S. stands for Honesty, Integrity, Teamwork and Sportsmanship. This program uses the "right-sized" equipment to allow young players to learn and play more effectively. H.I.T.S. is a fun and easy program supported by USTA Northern California training and resources.

#### Summer Session: Check Session Attending (Program days are only held on Tuesday and Thursday)

☐ Session 1: June 10<sup>th</sup> – 17<sup>th</sup> (HITS 1)  
No class on 6.19 Holiday (Juneteenth)

☐ Session 2: June 24<sup>th</sup> – July 3<sup>rd</sup> (HITS 2)

☐ Session 3: July 8<sup>th</sup> -17<sup>th</sup> (HITS 1)

☐ Session 4: July 22<sup>nd</sup> - July 31<sup>st</sup> (HITS 2)

#### Program Site:

Applegate Park Basketball Courts  
1045 W 25<sup>th</sup> St

Participant's Name \_\_\_\_\_ Gender: ☐ M ☐ F DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ (in the fall)

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Legal Guardian Name \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_

Emergency Contacts: (Other than parent, an attempt will be made to contact a parent first)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Is child allowed to walk home? YES ☐ NO ☐ with Siblings? ☐ YES

**MEDICAL INFORMATION:** Please indicate if you ever had any of the following conditions or allergies.

Participant's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

<u>HEALTH HISTORY</u>	YES	NO	<u>ALLERGIES</u>	YES	NO
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Bees	<input type="checkbox"/>	<input type="checkbox"/>
Diabetic	<input type="checkbox"/>	<input type="checkbox"/>	Food	<input type="checkbox"/>	<input type="checkbox"/>
Epileptic	<input type="checkbox"/>	<input type="checkbox"/>	Penicillin	<input type="checkbox"/>	<input type="checkbox"/>
Operations/Injuries	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>

If yes to any of above, please explain

Please list any program restrictions and/ or any medication taken at time of program:

**IMPORTANT:** Please notify the Recreation Department if child is exposed to any communicable disease during the 8 weeks prior to starting the program.

## **Tennis Camp Policies & Procedures**

### **Tennis Camp Policies**

I agree to comply with all the rules and regulations of the City of Merced, Parks & Community Services Department regarding all program fees, enrollment guidelines, schedule of events, and other policies specified. I understand and agree that the City of Merced, a chartered municipal corporation will not assume responsibility for a child who has not been properly signed in when he/she arrives for the day or signed out when he/she leaves for the day.

### **Staff**

Staff are experienced working with children and will act as group Tennis counselors. We will always have CPR and First-Aid certified staff on-site. Counselors have passed a background check in addition to participation in staff trainings. Please note we are required by law to report suspected child-abuse. If a staff member suspects abuse, the Merced Police Department will be notified, and a report will be made to the California Department of Social Services.

### **Consent to Treat Minor**

In the event of sudden illness, accident or injury which may occur while said minor is engaged in an activity supervised by City of Merced employees, when neither of the parents or guardians can be contacted, I hereby give my consent for emergency medical treatment as shall be necessary under the circumstances by any physician licensed under the laws of the State of California. I further understand that I shall be solely responsible for all costs associated with the emergency medical treatment provided.

### **No Personal Items/ Electronic Devices**

Campers are NOT permitted to bring any personal items from home. This often increases the likelihood of them getting lost, stolen, or damaged. In addition, participants shall not borrow, lend, or trade items while at camp. Cell phones are NOT permitted at camp. The camp staff reserves the right to confiscate all personal items as issues arise. Confiscated items will be returned to the parent at the end of the day.

### **Field Trips/Transportation**

Field trips provide a fun, interesting change of pace for participants and are not optional, as they are a part of the structured activities of camp. As a result, no alternate activities are planned. Parents that do not wish their children to participate must make personal arrangements for care that day; no adjustment in program fees will be made. Transportation for trips may include public transit, chartered bus, city, or county owned vehicles, walking or any combination therein. Due to transportation schedules, all times are approximate. I consent to all field trips offsite as defined by the City of Merced Tennis Program.

### **Late Pickup**

Child protective services may be notified if participants remain more than half hour without contact from a parent or legal guardian. Habitual tardiness could result in dismissal from the program

### **Lost Items**

The City of Merced is NOT responsible for any personal items that may have been lost, stolen, or gone missing during the program.

### **Photography Waiver**

I permit the City of Merced to use and publish photographs and/or videotapes of me, my child, or my ward for purposes of promoting recreation activities to the community through any media channels. If there is an issue with this, please see the office and provide written exclusions regarding the use of the photos/videos.

### **Rights for Removal**

City Staff will do their very best to train and instruct participants who are first time learners. Given that HITS is very fundamental, youth are expected to learn these basic motor skills and progress with the group. If staff finds that any youth are having issues progressing with the group, parents will be notified. If staff finds out if participants are underage, this will result to removal of the program.

### **Snacks & Lunch**

Children must bring their own snacks (morning) daily. Sharing/exchanging of food is not allowed. Children must bring their own water.

### **Dress Code**

Participants should wear comfortable clothes that will allow them free range of motion to participate in recreational and athletic activities. Unacceptable Attire: sandals, flip-flops, open-toed shoes, revealing clothing, apparel that displays/promotes drugs, alcohol, tobacco, or gang references and excessively loose or baggy pants. Prior to drop-off, please apply sunscreen if necessary.

**Participant's Name: (please print)** \_\_\_\_\_

**Parent/Guardian Name: (please print)** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

CITY OF MERCED

RECREATIONAL PARTICIPANT EXPRESS ASSUMPTION OF THE RISK, RELEASE, WAIVER, AND INDEMNITY  
AGREEMENT

PROGRAM: City of Merced Tennis H.I.T.S. Program

No PARTICIPANT may participate with the Program unless and until this form is initialed & signed by the PARTICIPANT  
(or the PARTICIPANT's parent/legal guardian if applicable)

EXPRESS ASSUMPTIONS OF RISK AND WAIVER OF LIABILITY

Recreational sports and activities **INVOLVE INHERENT RISKS OF INJURY, DEATH, OR PROPERTY DAMAGE** that no amount of care, caution, instruction, or expertise can eliminate. Participation in recreational sports and activities **ALSO EXPOSES ONE TO ADDITIONAL RISKS**, whether inherent or not, caused by things such as conditions of property, equipment provided or conduct of others, including other participants, spectators, or employees/agents/independent contractors of the City of Merced. These risks can be encountered whether participating in the recreational sport or activity. **PARTICIPANT FREELY ASSUMES ALL RISKS WHETHER OR NOT SPECIFICALLY DELINEATED.** (Initial)

RELEASE AND WAIVER OF LIABILITY

In consideration for permission to participate in the program, the undersigned agrees to **FOREVER RELEASE, DISCHARGE, AND WAIVE ANY AND ALL LIABILITY CLAIMS OR DEMANDS AGAINST THE CITY OF MERCED** or their employees/agents/independent contractors/volunteers ("Releasees") that the **UNDERSIGNED, HIS OR HER PERSONAL REPRESENTATIVE(S), SUCCESSOR(S) IN INTEREST, ASSIGN(S), HEIR(S), OR DEPENDENT(S)** has or might have against Releasees, whether or not caused by the negligence of Releasees or any other person or entity, arising out of participation in the program. (Initial)

INDEMNITY

In consideration for permission to participate in the program, the **UNDERSIGNED, HIS OR HER PERSONAL REPRESENTATIVE(S), SUCCESSOR(S) IN INTEREST, ASSIGN(S), HEIR(S), OR DEPENDANT(S) AGREE TO INDEMNIFY, HOLD HARMLESS AND DEFEND** Releasees from any legal obligation or liability, whether caused by the negligence of Releasees or any other person or entity, arising out of participation in the program. The duty to defend exists independently of any duty to indemnify. (Initial)

ACKNOWLEDGEMENT

By signing the **THIS EXPRESS ASSUMPTION OF THE RISK, RELEASE, WAIVER, AND INDEMNITY AGREEMENT ("AGREEMENT")**, the undersigned acknowledge(s) that: (1) participation in recreational sports and activities is voluntary and does not involve public interests; (2) that the **AGREEMENT** has been read and understood; and (3) that the **AGREEMENT** is a contract that **EXTINGUISHES CERTAIN LEGAL RIGHTS AND IMPOSES OTHER LEGAL OBLIGATIONS**. Failure to initial were indicated above does not invalidate the **AGREEMENT**. Additionally, if the Participant is a minor his or her custodial parent or legal guardian must read and execute this **AGREEMENT** and by signing agrees to be bound by the **AGREEMENT** and agrees to bind the minor to the **AGREEMENT**. (Initial)

COVID-19 POLICIES AND PROCEDURES

I certify, to the best of my knowledge, that my child is not experiencing symptoms, and/or have not been exposed to COVID-19 or its variants. (Initial)

*Please complete all sections below for the waiver to be considered complete. Thank you.*

Participant's Name (Print): \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Legal Guardian Name (Print): \_\_\_\_\_ Relationship: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### **Tennis H.I.T.S Rules & Regulations**

- Participants must always remain in designated areas.
- Participants are expected to treat staff respectfully and to always follow their instructions.
- Participants must respect others and their property and keep their hands, feet, and objects to themselves.
- Use of profanity and/or inappropriate language is strictly prohibited.
- The City has a zero-tolerance policy for violence, threats of violence, teasing, name-calling, harassing, antagonizing, taunting and/or bullying. Violation of this policy will result in immediate suspension.
- Participants are expected to clean up after themselves and keep their workspace tidy.
- Shirts and closed-toe shoes must be always worn by Participants.
- Neither the City of Merced nor its staff are responsible for any lost or stolen items.
- All disciplinary actions will be at the discretion of the program supervisor, depending upon the severity of the infraction.
- Staff reserves the right to refuse entrance to any individual for any reason.

I have read and agree to the above Tennis H.I.T.S. Rules and Regulations.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

### **Disciplinary Action**

The following are disciplinary steps, which are to be taken in dealing with children in the programs and facilities offered by The City of Merced Parks and Community Services.

- |                         |  |
|-------------------------|--|
| 1 <sup>st</sup> Offense | Verbal warning and/or time out.  |
| 2 <sup>nd</sup> Offense | Verbal warning and longer period of time out, possible loss of participation in activities and removal from program (1) day minimum, maximum removal 365 days.   |
| 3 <sup>rd</sup> Offense | Verbal warning, parents will be notified and meet with program supervisor, possible suspension from program or facility (behavior contract). Participants dismissed from programs for two days minimum, maximum removal 365. |

Due to offenses varying in severity, The City of Merced Parks & Recreation Department staff reserves the right to discipline accordingly, to include automatic suspension. Severe offenses include but not limited to the following: violence or fighting, sexual misconduct, vulgar language, disrespect and/or defiance of program or facility staff, use of drugs or alcohol, etc.

**I have read the above Disciplinary Policy for The City of Merced Parks & Community Services Tennis H.I.T.S. Program.**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

### **Late Pick Up**

Late Pick Up Steps:

1<sup>st</sup> Warning

2<sup>nd</sup> Warning, two (2) days off from the program

3<sup>rd</sup> Warning, one (1) week off from the program, parent(s) must meet with the program supervisor

4<sup>th</sup> Warning, minimum of one (1) month and a maximum of one year

**If parent/guardian is 30 minutes late in picking up a child, the Police Protective Services will be notified, and the child will be removed from the program for two (2) days**

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

What time was the child picked up? \_\_\_\_\_

Who picked up child? \_\_\_\_\_

When can the child return? \_\_\_\_\_

Program Leader's Name: \_\_\_\_\_

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

What time was the child picked up? \_\_\_\_\_

Who picked up child? \_\_\_\_\_

When can the child return? \_\_\_\_\_

Program Leader's Name: \_\_\_\_\_

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

What time was the child picked up? \_\_\_\_\_

Who picked up child? \_\_\_\_\_

When can the child return? \_\_\_\_\_

Program Leader's Name: \_\_\_\_\_

### Medical Release Form

I hereby request that the City of Merced Summer Tennis H.I.T.S. Program staff administer medication to my child/ward as prescribed by a physician licensed under the laws of the State of California. All medication and information will be properly secured in the office and only accessible by the necessary camp staff.

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Medication	Dosage	Time	Special Notes/Possible Reactions

Prescribing Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**Additional Notes for Program Staff:**

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**Waiver:** I agree to indemnify, defend, and hold harmless the City of Merced, a chartered municipal corporation, its officers, agents, and employees from any injury or expense arising out of or resulting from any reaction which my child/ward may suffer as a result of taking the medication(s) previously indicated. I understand that all medication must be in a prescription bottle with the prescribing physician's name, medication will not be accepted in any other container, and children may not medicate themselves. I also understand that medication left after the end of the season will be properly disposed of.

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

Date	Medication	Dosage	Time	Staff Initials