

# SLATER YOUTH TENNIS CAMP REGISTRATION

PARTICIPANT NAME: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ GRADE ENTERING INTO FALL 2021: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE #: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT: (Other than yourself or spouse)

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

RELATION TO PARTICIPANT: \_\_\_\_\_

MEDICAL AND/OR OTHER CONDITIONS STAFF SHOULD BE AWARE OF?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MEDICAL INSURANCE CARRIER: \_\_\_\_\_

PARENT / GUARDIAN SIGNATURE / AUTHORIZATION FOR MEDICAL TREATMENT:

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

I / WE, THE PARENT / GUARDIAN OF THE ABOVE PARTICIPANT, GIVE MY / OUR PERMISSION TO PARTICIPATE IN SLATER YOUTH TENNIS CAMP AT GRIMM PARK. I / WE UNDERSTAND THAT THERE IS SOME INHERENT RISK INVOLVED WITH THIS ACTIVITY AND THAT NOT ALL INJURIES CAN BE PREVENTED. THEREFOR, I DO HEREBY WAIVE, RELEASE, AND AGREE NOT TO HOLD THE ORGANIZERS, SPONSORS, SUPERVISORS, CITY OF SLATER, EMPLOYEES OR OFFICIALS, OR ANY VOLUNTEERS LIABLE FOR ANY INJURIES THAT MAY OCCUR DURING THIS ACTIVITY.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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For office use only:

PAID: \_\_\_\_\_