

TennisKids Registration Form®

School Location: _____

Child's Name: _____ (last) _____ (first) _____ (nickname)

My Child is Left Right handed (please check applicable box)

Child's Birthdate: _____

Parent's Name: _____ (last) _____ (first)

Parent's Address: _____ (number) _____ (street)

_____ (city) _____ (state) _____ (zip)

Parent's Telephone Number: _____ (daytime) _____ (evening)

Child's disabilities or ailments (attach additional sheets if necessary):

Informed Consent and Waiver of Liability:

I _____ have enrolled my child in TennisKids, a program of physical activity including, but not limited to basic tennis exercise movements, running, jumping, swinging a tennis racket, hitting tennis balls, etc. I understand the inherent risks, including injury that may result from my child's participation in this program. I assume the risk and hereby affirm that my child is in good physical condition and does not suffer from any disability that would prevent him or her from participation in this program. I hereby agree that I, for myself, my child(ren), adopted or otherwise, my heirs and executors, waive and release any and all rights and claims for damage that I may have at any time against TennisKids, Inc., its management, instructors, agents or representatives for any injury or damages incurred in connection with my child's entry and participation in activities related to this tennis program.

Signature of Parent or Legal Guardian

Date

Please circle T-shirt size: 2-4 6-8 8-10 10-12