



Summer Recreation Tennis Registration Form

Child's Name: _____ Best Phone #: _____

Home Address: _____
STREET CITY STATE ZIP

Date of Birth: _____ Grade Entering in Fall: _____

Child is: Male Female

Siblings Attending: Y N

Please complete a separate registration for each participant.

Email Address: _____

Email address will be used for inclement weather communication. Please provide an email checked frequently.

In case of emergency please indicate contacts and phone numbers in the spaces below:

Contact Name: _____ Phone: _____

Contact Name: _____ Phone: _____

MINOR CHILD AUTHORIZATION FOR EMERGENCY & ROUTINE MEDICAL TREATMENT AND RELEASE OF LIABILITY

As parent/legal guardian, of _____, a minor child, I give my permission to the City of St. Joseph, ("City") its employees, representatives and volunteers, to obtain or provide such emergency or routine medical treatment for the above named minor child as they, in the exercise of their discretion, deem necessary or appropriate while he/she is participating in any activity offered by the City. I understand I am not relieved of any financial obligation regarding such child for which I am legally responsible.

I acknowledge that tennis is an athletic activity which carries potential for property damage, serious bodily injury and death. I certify that the above named minor child is physically fit for participation in this activity and I have not been advised otherwise by a qualified medical person.

On behalf of myself and the above named minor child, and in consideration of the City making this activity available to the minor child, I, for myself, the minor child, and anyone claiming under or through him/her, release and agree to the fullest extent permitted by law, to save, hold harmless and indemnify the City, its officers, officials, employees, representatives, sponsors and volunteers from all liability, cost, claim, demand, or damage whatsoever, including bodily injury or death, that may be imposed on or incurred by them because of the participation or attendance of the above named minor child's participation in or attendance at such activity.

Parent/Legal Guardian Signature: _____ Date _____ Phone _____

CONSENT TO PHOTOGRAPH/VIDEOTAPE AND DISSEMINATE WITHOUT COMPENSATION

As parent/legal guardian of _____, a minor child, I hereby consent to his/her being photographed/videotaped while participating in any activity offered by the City of St. Joseph, ("City"). In addition, I consent to the reproduction and use of any such photographs and videotapes by the City for educational, informational, public relations and promotional purposes and I waive any claim by myself, the above named minor child, or anyone claiming under or through us, for compensation of any kind in exchange for such photographs, videotapes and use.

Parent/Legal Guardian Signature: _____ Date: _____

Identification badges will be issued during the first week of class; registered participants must wear their identification badges at all times during tennis camp.

For office use: Amount Paid: _____ Check #: _____ Emergency Contacts: _____
Other Information: _____

CHILD MUST BE 7 YEARS OF AGE BY JUNE 1st to PARTICIPATE
ABSOLUTELY NO REFUNDS OR PRORATED FEES