

OFFICE USE ONLY

Date _____
Paid ___ Cash Amt. _____
Check Number & Amt. _____
Person handling funds: _____

Personal Information

Last Name: _____

First Name: _____ Middle Initial _____

Address: _____

City: _____ State: MA Zip: _____

Date of Birth: ____/____/____

Male _____ Female _____

Place of Birth _____

Parent/Guardian

Name: _____

Phone Number: _____

How did you find out about program?

- | | |
|---|----------------------------------|
| <input type="checkbox"/> Flyer | <input type="checkbox"/> Website |
| <input type="checkbox"/> Past Participant | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Other |

**Forest Park
Summer Tennis Registration Form
2010**

Emergency Contact Information

Name: _____

Relationship: _____

Phone Number: _____

Student pick- up information

Please list all people who are able to pick up student (18yrs or older) and Phone Numbers

Students will not be released to any individual not listed on this form. Please notify program staff of changes in pick-up information and phone numbers in writing.

Medical Information

Ethnicity

- White
- African American:
- Asian:
- Hispanic/Latino
- African American & Hispanic
- Caucasian & Hispanic
- Other

Tennis Program(s) being offered this summer. Please check appropriate line for program you are enrolling in, and session. Cost for either program is \$65.00/child

Quick Start Tennis Ages 3 to 10 years.

Regular Tennis Lessons Ages 11-16 years

- | | |
|---|---------------|
| <input type="checkbox"/> June 28 - July 9 | 9:00-10:30 am |
| | 10:30-Noon |
| <input type="checkbox"/> July 12 – July 23 | 9:00-10:30 am |
| | 10:30-Noon |
| <input type="checkbox"/> July 26 - August 6th | 9:00-10:30 am |
| | 10:30-Noon |

**TEAM TENNIS: \$70.00 8 WEEKS AGES 10-18 years
Tues. and Thurs.**

Parent/Guardian Permission:

My child has permission to participate in activities provided by agencies participating in the Tennis Program. I acknowledge that my child must follow all of the rules in order to participate. In the event that I cannot be reached in an emergency, I hereby authorize that medical/surgical treatment be administered to my child at my expense. I assume all risks and hazards arising out of my or my child's participation in this program, and I agree to release, indemnify and hold harmless the City of Springfield, its officers, officials, agents and employees, from any and all claims, demands, losses or liability, for property damage, personal injury, disability, death, or otherwise, related thereto. I hereby waive and release any claims that arise out of a decision to authorize medical/surgical treatment, and indemnify and hold harmless those agencies or organizations providing activities for the Tennis Program from claims of third parties arising out of the decision to authorize medical/surgical treatment. My signature authorizes the Springfield School Department to release my child's, SASI, State ID numbers, and necessary school documents to the REACH partner program network. The information gathered will be used to apply for and report in grants the city receives. My signature certifies that I have read and understood this disclaimer, and all the program rules and regulations.

I am aware that pictures of my child may be used for publicity purposes by one or more agencies and I consent to the use of such pictures.
YES NO

Signature: _____

Date: _____