

**TENNIS in FOREST PARK
Registration Form 2014**



Choose session:

Session I: June 30 – July 11

Session II: July 14 - 25

Session III: July 28 – Aug. 8

Choose Time: 9:00 -10:30 am _____

10:30 am-12:00 noon _____

Team Tennis: June 30 – Aug. 8 (at 1:00 pm)

Cost: \$70.00 per session for lessons

\$70.00 season for team tennis

Make checks payable to: City of Springfield

Participant Information: Please Print Clearly

Last Name: _____

First Name: _____

Middle Name: _____

Address: _____

CITY _____, MA Zip: _____

Date of Birth: ____/____/____ Age: ____

Male____ Female____ (check one)

Place of Birth: _____

Parent/Guardian

Name: _____

Phone Number: _____

Other Number: _____

Email: _____

How did you hear of our program?

__ Flyer __ Past Participant

__ Friend __ Newspaper

__ School __ Other

__ Website

**Please contact the Recreation
Office if you have any questions at:
787- 6435**

Ethnicity: Circle one

- ___ Asian
- ___ White/Caucasian (Non Hispanic)
- ___ Hispanic/Latino
- ___ African American
- ___ African American & Hispanic
- ___ Caucasian & Hispanic
- ___ Other _____

Home Language: _____

Family Size: _____

Emergency Contact Information:

Name: _____

Relationship: _____

Phone Number: _____

Medical Information:

**ONLY APPLIES TO CHILDREN 10 YEARS OF
AGE AND OLDER. WAIVER MUST BE
SIGNED**

My child may walk home. (circle one)

Yes No

**Student Pick up Information: List all people who
have permission to pick up your child. Person
must be over 18 years of age.**

1. _____
2. _____
3. _____

Parent/Guardian Permission

My child has permission to participate in activities provided by agencies participating in the Recreation/Enrichment Programs. 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 incidental to and inherent in participation in this program. I hereby waive and release the City of Springfield and its officials, employees and officers from any claims that arise out of a decision to authorize medical/surgical treatment, as well as claims arising out of any personal injury or property damage related in any way to my child's participation in the program. I hereby indemnify and hold harmless those agencies or organizations providing activities for the Recreation/Enrichment Program from claims of third parties arising out of the decision to authorize medical/surgical treatment, or my child's participation in the program. My signature authorizes the Springfield School Department to release my child's SASI, State ID numbers, and necessary school documents to the REACH and or CDBG 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.

Choose One: Yes _____ No _____

Parent/Guardian Signature:

Date: _____

