

# TENNIS in FOREST PARK Registration Form 2016



Please Circle session:

- Session I: July 5 – 15
- Session II: July 18 - 29
- Session III: August 1 – 12
- Time: 9:30 -11:30 am
- Team Tennis: July 11 – 29(times same as above)
- Cost: \$75.00 per session for lessons  
\$75.00/ season for team tennis  
\$20.00/day for partial sessions

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

List all people who have permission to pick up your child. Person must be over 18 years of age. Pick-up and drop-off must be done in parking lots only. No street parking allowed.

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: \_\_\_\_\_

