



FREE KIDS TENNIS
SWING INTO SPRING CLINIC
Saturday, April 1, 2017 1:30 pm – 4:00 pm
@ Monroe/ICS Gymnasium
PreK-6th Grade

Presented by the Fairbanks Tennis Association

Advanced Registration Encouraged

Player's Name: _____ Male / Female

Address: _____ Phone 1: _____

_____ Phone 2: _____

E-mail address: _____ Date of Birth: _____ Age: _____

School: _____

Do you have any medical or health conditions/disabilities that we should know about? YES/NO

If yes, brief outline: _____

Please arrive 15 minutes prior to start time.

Age Groups & Times

- Grade PreK-3rd... 1:30 pm – 2:30 pm
- Grade 4th-6th..... 2:45 pm – 4:00 pm

Bring a water bottle.

Wear gym shoes.

**No sandals, Crocs, or
bare feet.**

Releases

Participation and medical consent:

I, the parent/guardian of registrant, a minor, give my approval for him/her to participate in any and all FTA Tennis activities; I assume all risks and hazards incidental to my child's participation and I do hereby waive, release, absolve, indemnify and agree to hold harmless, the organizers, volunteers, participants, and other persons, for any claim arising out of any injury to my child, whether the result of negligence or for any other cause. In the event of any medical emergency, I request that I be immediately called at the telephone listed below. If I am not available, I hereby give my consent, in the event of injury or illness, for emergency medical treatment, hospitalization, or other medical treatment as may be necessary for the welfare of the above named youth, by a physician, qualified nurse, certified medical athletic trainer, and/or hospital during all periods of time in which the youth is away from his/her legal residence. Further I hereby waive, on behalf of myself and the above named youth, any liability arising out of such medical treatment.

I give my consent for the use of photographs of my child for all FTA publicity, including for the FTA website and newsletter, and for FTA releases to the public media.

Yes _____ No _____

If there are any health or physical limitations, please explain on back of the white copy of this form.

Parent/Guardian Name (Print)

Signature

Emergency Phones

Date

