

Scott Valley Swimming & Tennis - Registration Form Tennis Camp

(Please Print)

Address: _____

City: _____ Zip Code _____ Home Phone: _____

ADULT INFORMATION:

Mother's Name: _____ Day Phone: _____ Cell Phone: _____

Father's Name: _____ Day Phone: _____ Cell Phone: _____

E-mail address: _____

If Parent not available in emergency, contact:

A. _____ Phone: (____) _____ Cell Phone: _____

B. _____ Phone: (____) _____ Cell Phone: _____

3. Medical Problems: _____

4. Hospital Insurance Plan and/or Medical Plan: _____

Participant Name	Gender (M/F)	Birth date	Session	Program Dates



BE SURE TO READ AND SIGN BELOW

I authorize my child/children named below over whom I have legal custody to participate in the activity or program listed above. I understand that certain risks and dangers exist which are inherent in this type of activity or program and any transportation to and from the activity. I understand that these risks include injury or fatality and loss of or damage to my personal property. In consideration of and as part payment for my child/children to participate in the activity, program and/or transportation, I hereby accept any and all risks, including risk of injury or death and release the Scott Valley Swimming and Tennis Club and all officers, directors, employees, staff and independent contractors from any liability in connection with the activity, program or transportation and on behalf of myself and my child/children release those parties from all liability in connection therewith except gross negligence or willful and wanton behavior.

I have read this agreement carefully and fully understand its contents. It is a legal document and I know I may consult a lawyer prior to signing it. I am aware that I am giving up my child's/children's rights to sue in the event of injury, death or loss of property except for gross negligence or willful and wanton behavior.

Signature: _____ Date: ____ / ____ / ____