

**Tennis Registration Form 2016- 2017 Cost \$75**

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade Entering \_\_\_\_\_ Sex \_\_\_\_\_ D.O.B. \_\_\_\_\_

Primary Guardian _____ Relationship _____	Primary Guardian _____ Relationship _____
Address _____ Home phone _____	Address _____ Home phone _____
Cell phone _____ Business Phone _____	Cell phone _____ Business Phone _____
E-mail _____	E-mail _____

**YOU MUST COMPLETE THE EMERGENCY CONTACT SECTION AND SIGN THIS FORM BEFORE YOUR APPLICATION WILL BE PROCESSED !!**

Should we be unable to contact you or your spouse in the event of an emergency, please list a different adult we may contact:( E.g.: Grandparent, aunt,etc)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Address(include city and state) \_\_\_\_\_

Home Phone# \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Pager # \_\_\_\_\_

Please list all others who may have permission to pick up you child (include name and phone #)

Family/Child's Doctor: \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

Medical Insurance Company and Policy # \_\_\_\_\_

Allergies/special diets 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

Special limitations or concerns \_\_\_\_\_ Chronic Health Conditions \_\_\_\_\_

\*Please Note: There is no nurse on duty- We do not administer medication except for assistance w/ epi-pens.

Participation in this sport /activity may involve risk of injury. As a parent, guardian or participant, I am aware of these hazards and my ability to participate. In consideration for participation in the program(s) listed above, I hereby for myself, my heirs, executors and administrators waive and release all rights and claims against the City of Amesbury, its officers, employees, agents, volunteers and supervisors, except in the case of sole negligence, from all losses, injury, damages, fees and other expenses, arising out of or in connection with participation in the activity. In addition, I give my permission for the agents, servants, employees, and officials to the City of Amesbury to use their sole discretion in seeking and providing treatment for the child(ren) by qualified medical personnel in the event that the above named parent/guardian cannot be reached at the phone numbers provided. I understand that refunds will not be available prior to 2 weeks of the start of the program. I understand that the program is **NUT Sensitive** and **I will not provide my child with a snack or any other peanut related materials.** ). I understand that my child(ren) can be dismissed from the program for violations of the behavior code.

\_\_\_\_\_  
PARENT OR GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_ *Please check off if you do not want your child photographed/videotaped. These photos may be released to newspapers or used by the program.*

PLEASE MAKE CHECK PAYABLE TO: CITY OF AMESBURY, Please return form and payment to: Kathy Crowley-Youth Recreation Director, 68 Elm St.