



Registration Fees; Ages 5-11, \$10 for each session

Please Print – must complete waiver and media release on back

PARTICIPANT INFORMATION	
Name:	Date of Birth:
Gender (Please Circle): Male Female	Age:
Group: (Please check one) ___ Ages 5-8 3pm to 4 pm ___ Ages 9-11 4pm to 5 pm at BHSU Young Center	Kid's Sessions: ___ Jan 14 ___ Jan 21 ___ Jan 28 \$10/session ___ Feb 18 ___ Feb 25 Please select sessions your child will attend
Which <i>Best Describes</i> your tennis experience? (Please check one) ___ Never Played ___ Play, but not often ___ Played previously, but stopped ___ Play frequently	
Please list any <i>Medical Conditions</i> or <i>Behavioral Concerns</i> the staff should be aware of: 	

PARENT/GUARDIAN INFORMATION	
Parent/Guardian Name:	
Address:	Primary Phone:
	Secondary Phone:
	Email:

EMERGENCY CONTACT INFORMATION	
Primary Emergency Contact	Secondary Emergency Contact
Name:	Name:
Relationship:	Relationship:
Primary Phone:	Primary Phone:
Secondary Phone:	Secondary Phone:

___ I DO ___ I DO NOT (please check one) authorize the Tennis Lesson Staff to release my child at the end of the recreation activity without a parent/guardian present. *In some instances, an activity will conclude before the scheduled time. Some children would like to leave. We want you to tell us if it is okay for your child to leave the tennis facility without a parent/guardian present (DO), or should we keep the child under our supervision until the end of the scheduled time period (DO NOT).*

Mail payment to: Spearfish Tennis Association, PO Box 1236, Spearfish, SD 57783

OFFICE USE ONLY (Checks Payable to Spearfish Tennis Association)	
Payment Type: Cash Check # ___ Online	Amount: \$
Staff Name:	Date:

CONSENT FOR EMERGENCY CARE

I, participant, or parent/guardian of the named participant, do hereby grant unto any medical doctor or hospital, my consent and authorization to render such aid, treatment or care to said participant as, in the judgment of said doctor or hospital, may be required on an emergency basis, in the event that the said participant should be injured or stricken ill while participating in this program.

PARTICIPANT NAME: _____
PLEASE PRINT

PARTICIPANT SIGNATURE: _____

PARENT/GUARDIAN SIGNATURE: _____
IF PARTICIPANT IS UNDER AGE 18

DOCTOR'S NAME: _____
OPTIONAL

RELEASE FROM LIABILITY – SPEARFISH TENNIS ASSOCIATION

I, the parent/guardian and or the registrant, agree that I, and the registrant will abide by the rules of the Tennis Lessons, its affiliated organizations and sponsors. Recognizing the probability of physical injury associated, and being cognizant of the basic safety rules for activities connected therewith, and in consideration of Tennis Lessons or its programs accepting the registrant for its programs and activities:

I hereby **RELEASE, DISCHARGE AND OR OTHERWISE INDEMNIFY** Tennis Lessons, its affiliated organizations and sponsors, their employees and associated personnel, including the Spearfish Tennis Association, its agents and employees as the owners of the facilities utilized against any claim by or on behalf of the guest, the guests registrant's enrollment and participation in the Tennis Lessons programs which may result in injury, death or other damages to the registrant or the registrant's family, heirs or assigns.

In consideration of the registrant being allowed to enroll and participate in Tennis Lessons, I hereby personally assume all risks in connection with said participation, and I further **RELEASE** the aforementioned Tennis Lessons and its programs, its affiliated organizations and sponsors, their employees and associated personnel, including the Spearfish Tennis Association, its agents and employees as owners of the fields and the persons mentioned, for any harm, injury or damage which may befall the registrant while a participant in the Tennis Lessons and its programs including all risks connected therewith, whether foreseen or unforeseen.

I, further state that I am of lawful age (and or the parent/guardian of the registrant) and legally competent to sign this affirmation and release; that I understand the terms herein are contractual and not a mere recital; and that I have signed this document as my own free act and on behalf of myself or my child. This Release and indemnity agreement shall be binding upon the registrant and me, and our heirs, personal representatives, agents, successors and assigns.

I HAVE FULLY INFORMED MYSELF AND OR MY CHILD OF THE CONTENTS OF THIS AFFIRMATION AND RELEASE BY READING IT BEFORE I SIGNED IT. I UNDERSTAND THE TERMS OF THE RELEASE AND AGREE TO ABIDE BY THEM. I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE RELEASE.

I have executed this release at Spearfish, South Dakota on

DATE: _____

I HEREBY AGREE TO ABIDE BY THE SPEARFISH TENNIS ASSOCIATION, PROGRAM POLICIES & PROCEDURES:

PARTICIPANT SIGNATURE: _____
(Parent Signature needed if Participant is under age18)

MEDIA RELEASE FORM

IN CONSIDERATION OF the possible use of my photographs, interviews, name, image, spoken words, art works, performance and movement, or other creative productions (hereinafter referred to as "Works") by the **Spearfish Tennis Association**:

I hereby consent to and approve of the use and reproduction of my "Works" by the **Spearfish Tennis Association** and to the display, publication, distribution or exhibition of these "Works" for the purpose of publication or public viewing of any material that may be created by the **Spearfish Tennis Association** including without limitation, the **Spearfish Tennis Association** website.

I hereby waive any right to inspect or approve the finished publications whereas "Works" may be used now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of said "Works".

I hereby agree to release, defend, and hold harmless the **Spearfish Tennis Association** and subordinates, including any firm publishing and or distributing the finished product in whole or in part, whether on paper or via electronic media, from and against any claims, damages or liability arising from or related to the use of the "Works", including but not limited to distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution.

____ **YES, I give my consent** ____ **NO, I do not give my consent**

Please check the appropriate box below which is applicable to your present situation:

I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions in writing prior to signing, and I agree that by signing below it will be interpreted as a free and knowledgeable acceptance of the terms of this release. This release shall be binding on my heirs, successors, and/or assigns.

____ I am **18 years of age or older** and I am competent to sign contract in my own name.

____ I am **the parent or legal guardian** of the below named individual.

PARTICIPANT SIGNATURE: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____