



COURIER'S KIDS TENNIS 2016 – 2017

Name _____ Age _____ Birthday _____

Mother's Name _____ Father's Name _____

Address _____ Zip Code _____

Phone Number _____ Cell Phone Number _____

Allergies _____ Medical problems _____

School Currently Attending _____

Email Address _____

I grant permission for my child to participate in all activities with this program including any photographs that may be used for press coverage or publicity for the program. Yes _____ No _____ (please check appropriate box).

Release & Hold Harmless Agreement

I do hereby, for myself, my heirs, executors, administrators, successors and assigns, release and forever discharge the St. Petersburg Tennis Center and its trustees, directors, officers, employees, agents, volunteers, successors, assigns, from any and all claims or causes of action whether caused by negligent acts of omissions of the said agencies or its trustees, directors, volunteers, successors, and assigns.

Parent/ Legal Guardian Signature

Date