

# TENNIS REGISTRATION FORM

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent/Legal Guardian Work/Cell Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent/Legal Guardian Work/Cell Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Alternate Emergency Name & Number: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_

<i>Class/Program Title</i>	<i>Fee Paid</i>
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_____	\$ _____
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_____	\$ _____
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<b>TOTAL FEES</b>	\$ _____
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**Full payment is required for all programs at the time of enrollment.  
Please make checks payable to SJTI.**

*This is to certify that the student named above is physically able to participate in the sports program offered. SJTI will be advised if there is any change in the students' physical condition prior to, or during this program.*

**WAIVER OF LIABILITY:** *In consideration of the acceptance of my child in the Tennis program at the South Olive Tennis Center, I do hereby for and on behalf of my minor child, myself and my heirs and legal representatives, waive, release and forever discharge South Olive, The City of West Palm Beach, Skip Jackson & SJTI, its officers, committees and representatives and their successors, of and from every and all claims, actions and causes of action for any personal injury, bodily damage, wrongful death, property damage or other incident or accident or injury which may be suffered or sustained by my child in connection with his/her activities while participating in this program, including any occurrence in the course of travel and transportation, and agree to indemnify and hold South Olive, The City of West Palm Beach, Skip Jackson & SJTI, harmless from any such claims or causes of action by whomever or wherever made, including costs and expenses of legal defense in the event any claim is asserted.*

Parent/Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_