

Junior Tennis Clinic Application Program Year: ______

Name:	Birth Date:/
Male: Female:	Age: Ethnicity:
Address:	
Town:	Zip:Family Email:
Phone Number:	Alternate:
School:	BPS? Y/N Present Grade:
Free/Reduced Lunch Y/N	Other Public Assistance?
Health Care Provider:	Policy #:
Emergency Contact:	Relationship:
Phone Number:	Food/Medication Allergy
Parent(s)/Guardian (Print):	(Sign):
	Month:Same level as prior month? Y/No

Application is not complete without signatures on reverse and proof of payment attached.



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- 1. Parent/participant (a) understands that tennis is an active sport that may result in injuries, (b) agrees that none of Sportsmen's Tennis and Enrichment Center ("Sportsmen's"), its staff, directors, volunteers, members and representatives nor any other person shall have any liability or responsibility for injuries suffered at Sportsmen's, and (c) agrees to indemnify and hold harmless Sportsmen's, it's staff, directors, volunteers, members and representatives from any and all harm arising from this participation and/or any other activities at Sportsmen's facilities. Playing tennis at Sportsmen's constitutes agreement to these terms.
- 2. Parent/participant has read and agrees to abide by the guiding principles on page 2 of the Developmental Tennis & Tournament Training Brochures. Failure to abide by the spirit of these guidelines may result in removal or suspension from Sportsmen's clinics.
- 3. Under no circumstances will refunds be given for missed clinics, withdrawals, behavioral dismissals, early departure or late arrivals for all or any portion of any clinic or session.
- 4. Parent/Participant grants Sportsmen's permission to use photos/video taping in Sportsmen's Tennis and Enrichment Center promotional materials.
- 5. Returning students should register by the 15th of the month for the following month, or their spot may not be available. Open registration begins on the 16th of each month for the next month.

Parent printed name	Signature and date
Participant printed name	Signature and date