

MAYWOOD TENNIS ASSOCIATION (MTA)
Kids' Clinic Registration & Release Form

Please Print Clearly. Return form to the registration desk on the first day of the clinic.

Child's Name _____ Birth Date _____ M ___ F ___

Address _____ City/Zip _____

Home Phone _____ Cell Phone _____

Email _____ Circle ADULT T-Shirt Size
(XS S M L XL)

Please check: African American ___ Hispanic ___ White ___ Asian ___ Other ___

PARENT/GUARDIAN PERMISSION FORM
RELEASE OF LIABILITY & PARTICIPANT AGREEMENT

By signing this document, you will waive certain legal rights including the right to sue. Please read it carefully!

I hereby grant permission for my child/guardian named above, who is ___ years old, to participate in the Tennis Clinics operated by Maywood Tennis Association.

In consideration for my child/guardian being allowed to participate in the Maywood Tennis Association's Tennis Clinics, I, as parent/guardian with legal responsibility for this participant, hereby waive my rights and agree not to sue the Maywood Tennis Association and Proviso East High School (hereinafter referred to as the "releasees") for any injury, including death, that my child/guardian may sustain to his/her person or property while participating in the event. This includes all time spent on or near the tennis courts located at 807 1st Avenue, Maywood, Illinois. I discharge and release the releasees from any and all liability, claims and demands arising out of any injury or damage caused by the negligence of the releasees or any of their agents. I and my child/guardian knowingly and freely assume all risks, both known and unknown, arising from the negligence of the releasees and their agents as a participant. I assume full responsibility for my child/guardian's participation in the Tennis Clinics. I, for myself, my child/guardian and on behalf of my child/guardian's heirs, assigns, personal representatives and next of kin further agree to indemnify and hold harmless the releasees from any loss, liability, damage or costs they may incur due to my child/guardian's participation in the trips, whether caused by the negligence of any or all of the releasees or their agents. I hereby consent to allow, without compensation, the use of biographical material and voice, video, image or likeness in photographs and/or video for my child/guardian in publicity and advertising concerning any and all Maywood Tennis Association activities and by sponsors of any event and/or their promotion by way of any media throughout the world. I have read this release of liability and assumption of risk agreement and fully understand its terms. I understand that I have given up rights by signing it, and sign it freely and voluntarily without inducement.

Parent/Guardian's Name (Print)

Parent/Guardian's Signature

Emergency Contact Name (if different than above) _____

Emergency Contact Phone Number (if different than above) _____

Please list below any medical condition(s) your child has that we should be aware of:

If you have any questions, please call Dorothy Paige at 630-863-3518 or e-mail dapaige51@aol.com.