

**FTA'S ANNUAL
COMMUNITY BLOCK PARTY
KIDS FREE TENNIS EVENT
Sunday, May 20, 2018 12:00 pm – 4:00 pm
@Dan Ramras Community Tennis Courts**

All players must register; form available online at: www.fairbankstennis.com



Name: _____

Child's Name: _____

Male / Female Age: _____ Grade: _____ E-mail: _____

School: _____ Phone #: _____

Address: _____ Would you like to join our mailing list? YES / NO

Do you have any medical or health conditions/disabilities that we should know about? YES/NO

If yes, brief outline: _____

Is your child eligible for reduced or free school lunch? YES/NO

**Please arrive 15 minutes prior to start time.
Bring gym shoes and water.
Racquets and balls will be provided by FTA.**

<u>Age Group & Times</u>	
<input type="checkbox"/> Grades K-2	12pm-1pm
<input type="checkbox"/> Grades 3-5	1pm-2pm
<input type="checkbox"/> Grades 6-8	2pm-3pm
<input type="checkbox"/> Grades 9-12	2pm-3pm
<input type="checkbox"/> Adult beginner, FREE	12pm-1pm.

Releases

Participation and medical consent:

I, the parent/guardian of registrant, a minor, give my approval for him/her to participate in any and all FTA Tennis activities; I assume all risks and hazards incidental to my child's participation and I do hereby waive, release, absolve, indemnify and agree to hold harmless, the organizers, volunteers, participants, and other persons, for any claim arising out of any injury to my child, whether the result of negligence or for any other cause. In the event of any medical emergency, I request that I be immediately called at the telephone listed below. If I am not available, I hereby give my consent, in the event of injury or illness, for emergency medical treatment, hospitalization, or other medical treatment as may be necessary for the welfare of the above named youth, by a physician, qualified nurse, certified medical athletic trainer, and/or hospital during all periods of time in which the youth is away from his/her legal residence. Further I hereby waive, on behalf of myself and the above named youth, any liability arising out of such medical treatment.

I give my consent for the use of photographs of my child/myself for all FTA publicity, including for the FTA website and newsletter, and for FTA releases to the public media. Yes _____ No _____

By printing my name below I certify that I agree to all the terms and conditions above.

Name: _____

Emergency Phones _____ Date _____