

**REGISTER**

**Sunday, May 20th 12-4 p.m. at the Dan Ramras Community Tennis Courts (DRCTC)**

**Or online at [www.fairbankstennis.com](http://www.fairbankstennis.com)**

**COST: \$200 plus \$20 FTA Membership Fee (Scholarships Available)**

**Region VI Season Starts July 25th**

- Practices and matches will be at DRCTC and North Pole High School Courts.
- Season practice and match schedule will be available at both registration events.
- Email [fairbankstennis@gmail.com](mailto:fairbankstennis@gmail.com) for more information. Call 455-4301 for rain/weather updates.

**Requirements**

*All Students must have a current physical on file, a signed parent consent form, and concussion form on file with their school. To be eligible to play student must have a minimum 2.0 GPA, with no more than 1 F, and have passed (5) classes – spring 2018 semester. Incoming Freshmen are exempt. These and additional forms will be issued at all registration events and by coaches once practices start. All forms are also available online. All completed paperwork and registration payment are required prior to participation. Incomplete paperwork will delay participation. Return all completed paperwork to your Coach or to Operations Manager.*



Date \_\_\_\_\_ Amount \_\_\_\_\_ Check # \_\_\_\_\_ Cash Credit Card \_\_\_\_\_ Online \_\_\_\_\_

Player's Name: \_\_\_\_\_ Grade: 9 10 11 12

School: \_\_\_\_\_ Phone: \_\_\_\_\_ Sweatshirt Size: S M L XL 2XL

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



**Physical Condition/Health: Please circle: GOOD /LIMITED**

(If limited, please explain on reverse of this form)

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

Participation and medical consent: Parent/Guardian (Print your name): I, \_\_\_\_\_, (State your relationship to player) \_\_\_\_\_ of \_\_\_\_\_ (Youth's Name) hereby 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 above telephone number. 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 also authorize my child to be interviewed or photographed for media purposes.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

**PO BOX 73993, Fairbanks, Alaska 99707**

**Phone: (907) 455-4301**

**Email: [fairbankstennis@gmail.com](mailto:fairbankstennis@gmail.com)**

**[www.fairbankstennis.com](http://www.fairbankstennis.com)**