



**Vision** ACCESS (All Children Can Excel Starting Sooner)

**Mission:** Connecting kids and their communities through tennis and education to make a positive IMPACT on their lives overall as an individual

My primary facility \_\_\_\_\_

My child will enroll for:

- month to month \$15 in person by check or cash \_\_\_\_\_ \$16.50 by card or online \_\_\_\_\_
- for the entire session \$45 in person by check or cash \_\_\_\_\_ \$47.50 by card or online \_\_\_\_\_
- for the entire year \$100 in person by check or cash \$105 by card or online \_\_\_\_\_

Name \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Emergency contact \_\_\_\_\_

Phone Number: \_\_\_\_\_

Allergies/Medical conditions: \_\_\_\_\_

Does your child have an Epi-pen \_\_\_\_yes \_\_\_\_no

Does your child have an inhaler \_\_\_\_yes \_\_\_\_no?

I consent that my child, \_\_\_\_\_

may participate in Golden Triangle Tennis programs. I state that the said minor is physically able to participate in said activity. By signing this waiver, I assume all risks inherent in these activities, and accept full responsibility for any and all damages or injuries of any kind. I further understand that photographs and video may be taken during the course of the said activity and that these photographs and video may be used for Golden Triangle Tennis publicity/marketing purposes. I have read and understand this release.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Tennis is a lifetime sport.

While working toward fulfilling our mission, we will provide a safe and fun learning environment for each child. Thank you for allowing your child(ren) to participate in our programs. Note: This form **MUST** be completed and returned to Golden Triangle Tennis administration before minor may participate.