



I AM TENNIS

Academy Registration

2023/2024 School Year

Name: _____

Address: _____

City/Zip: _____

Age: _____ Grade: _____

School: _____

Parent/Guardian: _____

Phone Number: _____ Email: _____

Medical Release

As the parent or legal guardian of the minor child, _____, acknowledge that my child is ___ is not ___ covered by medical insurance.

Insured: _____

Provider: _____

Policy#: _____

I, _____, as a parent or guardian, give permission for my child to participate in the I Am Tennis Academy. I acknowledge that he/she is physically able to participate in all camp activities. I authorize the camp staff to act for me according to their best judgment in any emergency requiring medical attention. I acknowledge that I may be responsible for any cost (through my family medical insurance or otherwise) incurred due to the sickness or injury to my child. I hereby waive any claim I might have against the camp, director, or the institutions providing the facilities.

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(Cut here, keep bottom for reference.)

Things To Bring

- Tennis Shoes
- Hat
- Towel
- Water
- Tennis Racket (provided if needed)
- A Good Attitude

