

SSSP ENROLLMENT FORM

FIRST NAME

MI

LAST NAME

GENDER

DOB

AGE

SCHOOL NAME

GRADE ENTERING IN FALL

T-SHIRT SIZE

STREET ADDRESS

CITY

STATE

ZIP

PRIMARY CONTACT PHONE

CHILD'S EMAIL

PARENT'S LAST NAME

PARENT'S FIRST NAME

PARENT'S EMAIL

PARENT'S PHONE

RECEIVE TEXT?

Liability and Release Waiver

My child is a participant in the Serve and Study Summer Program during Summer 2016. This Waiver and Release from Liability must be agreed to and signed, as a pre-condition for the student's participation in camps that occur during Serve and Study Summer Program 2016, by all of the student's parents having legal parental rights or legal guardians. I understand that there are hazards and risks, as well as benefits, associated with my child's participation in these Programs. In consideration of the benefits of my child's participation, I, on behalf of myself, my child, my or my child's heirs, executors, administrators, agents, assigns, and other personal representatives, irrevocably and unconditionally waive, remise, release, settle, compromise and forever discharge any and all manner of suits, actions, causes of action, damages and claims, known and unknown, including claims of active or passive negligence, that I or my child may have against West Louisville Tennis Club, Inc. and/or its trustees, officers, employees, agents and assigns, arising from or connected with my child's participation in SERVE AND STUDY SUMMER PROGRAM AND THE WEST LOUISVILLE TENNIS CLUB, INC.'s Summer Camps, including various locations used by SERVE AND STUDY SUMMER PROGRAM AND THE WEST LOUISVILLE TENNIS CLUB, INC.. Without limiting the generality of the foregoing in any way, I specifically understand that I am releasing and holding harmless Serve and Study Summer Program and the West Louisville Tennis Club, Inc. from financial liability for any economic harm, property loss, injury, bodily harm, illness or loss of life of my child occurring during, arising from, or relating to participation in any Serve and Study Summer Program 2016 camps.

I agree to the Liability and Release Waiver as stated above.*

EMERGENCY CONTACT NAME

EMERGENCY PHONE

EMERGENCY EMAIL

INSURANCE

FAMILY DOCTOR

FAMILY DOCTOR'S PHONE

Medical Waiver (applies to all Program participants)

In the event of any sudden illness or accident, I authorize Serve and Study Summer Program and the West Louisville Tennis Club, Inc. to transport my child to an appropriate medical facility. I consent to the treatment and/or emergency procedures as deemed necessary or advisable by the hospital staff member in charge of the emergency room. I release Serve and Study Summer Program and the West Louisville Tennis Club, Inc. and all of its employees and volunteers from claims of injury sustained while attending SERVE AND STUDY SUMMER PROGRAM AND THE WEST LOUISVILLE TENNIS CLUB, INC. summer camps or from claims that may hereafter be presented as a result of such injury.

I agree to the Medical Waiver as stated above.*

In the event of any sudden illness or accident, I authorize the Program to provide or arrange for medical treatment for my child, to transport my child to an appropriate medical facility, or to arrange for an ambulance to take my child to a medical facility. I consent to the treatment and/or emergency procedures as deemed necessary or advisable by the camp and by the relevant medical personnel. I release Serve and Study Summer Program and West Louisville Tennis Club, Inc. and all its employees from claims of injuries sustained while attending camp or from claims that may hereafter be presented as a result of such injury.

Child's Signature

Parent's Signature