

# Tennis Camp Registration and Consent Form

Camper's name \_\_\_\_\_ Age \_\_\_\_\_

Parent or legal guardian's name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

(Circle One) **1) June 6-10<sup>th</sup>** **2) June 13-17<sup>th</sup>** **3) June 20-24<sup>th</sup>** **4) June 27- July 1<sup>st</sup>**  
**5) July 11-15<sup>th</sup>** **6) July 25-29<sup>th</sup>** **7) Aug 1-5<sup>th</sup>** **8) Aug 8-12<sup>th</sup>**

(Circle One) **Winthrop Park** **Forestmeadows** swim – yes no (circle)  
7:30-10:30 (no swim) 7:30-12noon

Medical information pertaining to your child - example: allergic to peanuts

\_\_\_\_\_

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**Consent:** It is agreed by the signature below, that in the event my child is disabled, or incurs disease of a temporary or permanent nature while participating, to waive all claims of liabilities against the City of Tallahassee and the Parks, Recreation & Neighborhood Affairs Department, Coaches and Staff. I certify and take full responsibility for the above information being correct to the best of my knowledge.

The City of Tallahassee Parks, Recreation & Neighborhood Affairs Department reserves the right to photograph/videotape facilities, activities, and program participants for potential future use. All photos/footage will remain the property of the TPRNA and may be used for publicity or promotional purposes only.

**An additional fee will be assessed for late pickup of your camper.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Office use only:** Amount received \_\_\_\_\_ Received by \_\_\_\_\_

Method of Payment: Cash \_\_\_\_\_ Check \_\_\_\_\_ Credit \_\_\_\_\_

Also paid for \_\_\_\_\_ Amount \_\_\_\_\_

\* return this application to: Forestmeadows Athletic Center, 4750 N. Meridian Rd. Tallahassee,

