

Bolles Tennis Program Registration Form

Student's Name

Grade

Age

Parent's Name

Address

E-mail Address

Home Phone

Work or Cell Phone

Emergency Contact Name

Relationship

Emergency Contact Home Phone

Emergency Contact Work/Cell Phone

Indicate session:

Tiny Tots

Hot Shots

Tournament Tough-Tues/Thurs

Tournament Tough-Mon/Wed

Release for Medical Treatment & Waiver of Liability

Application WILL NOT be complete until this signed form is returned.

"I certify that my child is in good physical condition and can partake in the schedule of events. I grant permission for the directors of the Bolles Tennis Program to act for me according to their best judgment in any emergency requiring medical attention, including treatment at a local hospital.

"I hereby acknowledge that participation in this activity involves an inherent risk of physical injury, and, on behalf of the registrant, I hereby release and forever discharge the School and all employees and agents thereof from any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, resulting from the registrant's participation in or involvement with this activity, including any failure of equipment or defect in the premises. The Bolles Tennis Program does not carry health or medical insurance since most families have such insurance already.

"I also grant The Bolles School permission to use my child's photograph in any promotional literature or on the School web site."

Signature of Parent or Guardian

Date

Hospital Preference

Fall into Tennis

A Year-Round Community After-school Program

2004

Boys' and Girls' State Champions

2005

Girls' State Champions

2006

Boys' State Champions

2007

Girls' State Champions

2008

Boys' State Runners-up



BOLLES