

# DEALEY 2024 Spring After School Tennis

**DATE:** Begins – Monday, March 18th Ends – Friday, May 10th  
**WHEN:** Monday 4-6 -----Wednesday 7-9----- Friday 10 & UP-----  
**TIME:** 3:45pm – 5pm  
**COST:** \$80.00 Check or Cash

### Completed and Signed Registration Form and Fee

#### Tennis Registration Form

Student Name: \_\_\_\_\_ Student Grade: \_\_\_\_\_ Student Age: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Parents Email: \_\_\_\_\_ WK# \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

My child is new to tennis: \_\_\_ My child can play matches: \_\_\_ My child has played tournaments: \_\_\_\_\_

How many tournaments have you played? \_\_\_ Kind of Tournament Played? **DPTA** \_\_\_ **USIA** \_\_\_ **Othe**\_\_\_

**USTA#:** \_\_\_\_\_ **EXP:** \_\_\_\_\_ Have you ever played a tournament? \_\_\_\_\_

**New to Tennis** (circle one) Yes No

**JTT:** If yes what team? # \_\_\_\_\_ or name \_\_\_\_\_ How long have you played? \_\_\_\_\_

**Name:** \_\_\_\_\_ **Amount:** \_\_\_\_\_ **Check #:** \_\_\_\_\_ **Cash:** \_\_\_\_\_

#### Emergency Contact Information

In case of an emergency, please contact:

**Name:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

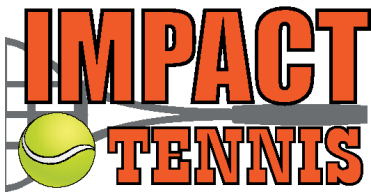
**Name:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

#### Parent/Guardian Approval & Liability Release

I desire my child to participate in the **2024 DISD Tennis Program** and participate in any and all activities. I agree in allowing my child to participate that I will hold the program and its employees, and any other persons assisting with any phase of such activity harmless from any and all liability, claims, and responsibility for making such activities. I further release all of these parties from liability by reason of any accident or injury that might occur while participating in such activities.

\_\_\_\_\_  
**Parent/Guardian's Signature**

\_\_\_\_\_  
**Date**



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### Photo Release

I, \_\_\_\_\_ do hereby give Sude Tennis Program and its employees, agents, representatives or employees of legitimate news organizations my full permission to photograph, videotape, copyright, broadcast, reproduce, telecast or cablecast, use on the Internet or Intranet, publish or otherwise use my child's work or my child's photo or likeness for educational, broadcast or news purposes. This is with the understanding that neither nor its representatives will reproduce said photograph or likeness for any commercial value or receive monetary gain for use of any reproduction / broadcast of said photograph or likeness. I am fully aware that I will not receive monetary compensation for my or my child's participation.

It is understood that and its agents, representatives or legitimate news organizations may use this material with or without my name or my child's name at its discretion. I further release and relieve the its Board of Trustees, agents, employees or other representative from any liabilities, known or unknown, arising out of the use of this material.

I, \_\_\_\_\_ certified that I have read the Consent and Release of Liability statement and fully understand its terms and conditions. I understand that the opportunity to participate is given by the and I have full legal capacity to sign this Consent and Release for myself and/or child.

\_\_\_\_\_  
**Parent/Guardian's Signature**

\_\_\_\_\_  
**Date**

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I have read and understood and signed all of the required area of this application

Parent/Legal Guardian's Name:

Mother (Print Please): \_\_\_\_\_

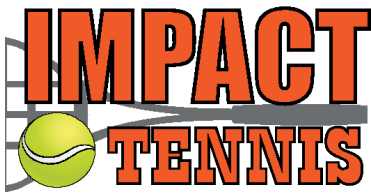
Date: \_\_\_\_\_

Father (Print Please) : \_\_\_\_\_

Date: \_\_\_\_\_

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- COMFORTABLE CLOTHING FOR THE COURT (SHORTS OR SKIRT/T-SHIRTS)
- HAT, SUNCREEN (PUT ON 30 MINUTES BEFORE CLASS), WASH CLOTH
- WATER IN A JUG (LIKE A COLEMAN WATERJUG WITH ICE & WATER IN IT)
- A HEALTHY SNACK IF NEEDED
- JACKET AND LONG PANTS DURING COOL WEATHER



## DEALEY 2024 Spring After School Tennis

### THINGS YOU & YOUR CHILD NEED TO BE AWARE OF

- ATTENDANCE IS VERY IMPORTANT
- NO CURSING OR PROFANE LANGUAGE IS ALLOWED, NO NAME CALLING!
- KIDS WILL BE GIVEN THREE WARNINGS ABOUT ATTENDANCE AND ANY UNPLEASANT VERBAGE USED ON COURT.
- NO WRITING OR MARKING UP THE COURTS IS ALLOWED AND THE NET MUST BE TREATED WITH CARE AS THESE ARE VERY EXPENSIVE TO REPLACE. RACQUET ABUSE IS NOT ALLOWED!

Please read this form carefully and be aware in registering your child or children in the Program, you will be waiving and releasing all claim for injuries you might sustain while participating in this program. You are giving permission to the use of photos and permission to transport your child. Please initial the areas and sign below.

#### Waiver Release

I desire that my child or children participates in the Dealey Tennis Program and that includes any and all related events and activities associated in any way the In consideration for my child being allowed to participate, **I HEREBY RELEASE AND HOLD HARMLESS** the program, school, its directors, officers, officials, agents, employees, volunteers, other participants, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the Activities (the Releasees), **WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or LOSS or DAMAGES** to person or property in any way related to my child's involvement or participation in these programs, **WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEEES OR OTHERWISE**, to the fullest extent permitted by law.

#### Photo & Communications Release

I hereby consent to the use of my **photograph** while participating in the Dealey Tennis Program for use in brochures, publications, and slide presentations. I hereby consent to allow to use my electronic mail address for communication purposes only. I also understand that my **information will not be shared outside of this program** with others.

#### Trips & Special Events Permission

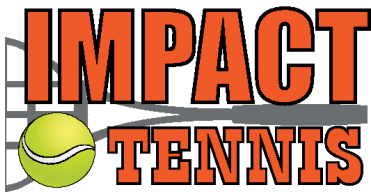
I hereby consent to allow to take my child/children to All supported events and Program related field trips.

#### Medicine Release

I hereby consent to allow Dealey Tennis Program staff to administer medicines to my child such as Aspirin, Tylenol, and as well as prescription medicine such as medicine for Asthma etc. provided by the parent. I also understand that I will be informed/notified when this type situation arises.

I have read and fully understand the above Waiver and Release the of All Claims. All information will remain on file until you the parent/guardian put in writing any changes. Those changes must be mailed to the office address below

Player(s) Name(s): 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_



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Parent or Guardian Signature: \_\_\_\_\_

Phone Home: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Phone Cell: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Phone WK: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

See you on the Court!

Coach James