



TENNIS SUCCESS

Youth Registration Form

Bring Your A Game!

The mission of **Tennis Success** is to enriching the lives of at-risk youth and equipping them to serve the community by providing tennis, education and healthy living programs. Tennis Success is a non-profit organization that requires each program participant to qualify for free or reduced lunch according to the FNS guidelines. (see attached)

Choose ONE: ___ After School Program. ___ Summer Camp ___ Academic Aces School Program

Has your child participated in a Tennis Success program in the past 12 months. **Yes**___ **No**___

Does your child meet the federal guidelines for free or reduced lunch? **Yes**___ **No**___

YOUTH INFORMATION					
Legal First Name	MI	Legal Last Name	Preferred Name		
Date of Birth (mm/dd/yyyy)			Age		
Street Address	Apt. #	City	State	Zip Code	
School	Grade	Shoe Size	Shirt Size (Youth or Adult)		

Race

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White

Ethnicity

- Hispanic or Latino
- Not Hispanic or Latino

Gender

- Male
- Female

PARENT OR LEGAL GUARDIAN INFORMATION -- PARENT/GUARDIAN		
Legal First Name	MI	Legal Last Name
Phone Number	Email	Relationship
PARENT OR LEGAL GUARDIAN INFORMATION -- PARENT/GUARDIAN		
Legal First Name	MI	Legal Last Name
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PICK-UP AUTHORIZATIONS				
Legal First Name	MI	Legal Last Name	Relationship to Child	Phone #
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Legal First Name	MI	Legal Last Name	Relationship to Child	Phone #

AUTHORIZATIONS

___ **Activity** By initialing, I give permission for my child, so named above, to participate in all activities including, but not limited to tutoring, tournaments, field trips, and excursions. I also grant permission for Tennis Success staff to arrange for transportation and transport my child to program activities including those for field trips.

___ **Photos.** By initialing, you give Tennis Success permission take and use any photographs or other media, without limitation or obligation, of your child to promote Tennis Success programs now or in the future.

___ **Safe Experience** By initialing, I recognize that Tennis Success will do its best to ensure a safe experience, I understand that accidents may occur both from my child's participation in program activities and from transportation to/from the program. I agree to assume these risks. By clicking above, I release Tennis Success and its authorized staff from all liability based on any damage, loss, or injury whether the result of ordinary negligence or otherwise, caused to my child or to me from participation in Tennis Success programs.

___ **Tournaments** By initialing, I understand that my child must attend all tournaments they have been entered into. In the event my child does not attend for an unexcused reason, I accept the responsibility of paying the tournament's entry fee.

___ **Avaulability** By initialing, you are stating that you understand that there are a limited amount of spots for the Tennis Success program. If there are no longer spots available your child will be put on a waiting list until a spot becomes available.

I have read and understand the above application and do hereby attest the information provided by me on this and other related program forms to be correct and completed to the best of my ability giving permission to TennisSuccess to provide the services indicated.

Parent/Legal Guardian's Signature: _____ Date: _____

