



TENNIS
Success

YOUTH REGISTRATION FORM

The mission of **Tennis Success** is to enrich the lives of youth and to equip 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 participate in the free or reduced lunch program at their school.

Choose ONE: ___ Beginner's Tennis ___ Intermediate Tennis ___ Advanced Tennis

___ My child has participated in a Tennis Success program in the past 12 months.

___ This is my child's first time participating in a Tennis Success program.

Does your child participate in the free or reduced lunch? Yes ___ No ___

YOUTH INFORMATION

Legal First Name	MI	Legal Last Name	Preferred Name
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Date of Birth (mm/dd/yyyy)

Street Address	Apt. #	City	State	Zip Code
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School	Grade
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Gender

- Male
- Female

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



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PARENT OR LEGAL GUARDIAN INFORMATION -- PARENT/GUARDIAN

Legal First Name	MI	Legal Last Name		
Street Address	Apt. #	City	State	Zip Code
Day Phone	Evening Phone	Cell Phone	Can you receive text messages?	
Email				I do NOT have EMAIL. (Check here)
Occupation	Employer Name	Employer Phone		

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Legal First Name	MI	Legal Last Name		
Street Address	Apt. #	City	State	Zip Code
Day Phone	Evening Phone	Cell Phone	Can you receive text messages?	
Email				I do NOT have EMAIL. (Check here)
Occupation	Employer Name	Employer Phone		

PICK-UP AUTHORIZATIONS

Legal First Name	MI	Legal Last Name	Relationship to Child	Phone #
Legal First Name	MI	Legal Last Name	Relationship to Child	Phone #
Legal First Name	MI	Legal Last Name	Relationship to Child	Phone #
Legal First Name	MI	Legal Last Name	Relationship to Child	Phone #



TENNIS SUCCESS

AUTHORIZATIONS

____ **Participation.** 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.

____ **Photographs.** By initialing, I give Tennis Success permission to take and use any photographs or other media, without limitation or obligation, of my child to promote Tennis Success programs now or in the future.

____ **Release from Liability.** Recognizing 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 initialing 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 that my child does not attend for an unexcused reason, I accept the responsibility of paying the tournament's entry fee.

____ **Openings.** By initialing, I understand that there are only 25 openings for each group (Elementary, Middle, and High School) of Tennis Success. And that if there are no longer spots available, my 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: _____