

KCC Tennis Clinic Registration and Emergency Information

Name of Child: _____ Age: _____ Grade _____

Parent/Guardian: _____ Home Phone: _____

Parent/Guardian: _____ Daytime Phone: _____

Address: _____ City: _____ Zip: _____

Allergies or Health Problems: _____

Special Emergency Procedures if any: _____

Physicians Name: _____ Phone: _____

My child has my permission to take part in all KCC Tennis Clinic activities. In case of an emergency, the contacts listed below are authorized to give permission for emergency medical treatment for my child. If you cannot reach them or me I authorize the KCC staff to take such action as they deem necessary, including treatment of my child by a physician, nurse, or at a hospital or other facility. I also agree to save and hold harmless the Kensington Community Service District, its employees, agents, or representatives, and the Kensington Community Council from any liability resulting from the child's participation in programs or activities sponsored by them.

Parent/Guardian's Signature Date

Authorized Persons to Pick Up Child and Give Permission for Emergency Medical Treatment:

Print Name Phone

Print Name Phone

Please check one of the following statements below:

_____ My child can walk/bike to and from tennis without a parent.

_____ **My child cannot walk/bike to and from tennis without a parent**

Due to increasing problems with children dropped off early or picked up late at KCC Tennis Clinic, \$15 will be charged for each 15 minutes, or fraction thereof, that a child is dropped off early or picked up late. I have read and understand the early drop off/late pick up charge.

Parent's Signature Date

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Please register my child for: _____ Tuesdays, 3:50-5:10
_____ Thursdays, 3:50-5:10

Price: \$12 per class