



**Tennis Without Limits  
Program Registration Form**

**Choose One:**  Spring Camp  Summer Camp  Winter Camp

Has your child participated in a Tennis Without Limits program in the past?  Yes  No – If so, when? \_\_\_\_\_

**Youth Information**

Legal Full Name: \_\_\_\_\_

Date of Birth (MM/DD/YY) \_\_\_\_\_ Age \_\_\_\_\_

Full Street Address \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Shoe Size \_\_\_\_\_ Shirt Size \_\_\_\_\_

**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/Guardian Information:**

Parent/Guardian Full Name: \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_ Relationship \_\_\_\_\_

Parent/Guardian Full Name: \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_ Relationship \_\_\_\_\_

**Pick-up Authorizations:**

Full Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Phone # \_\_\_\_\_

Full Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Phone # \_\_\_\_\_

Full Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Phone # \_\_\_\_\_

Full Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Phone # \_\_\_\_\_

**Authorizations:**

\_\_\_\_\_ **Activity.** By initialing, I give permission for my child, so named above, to participate in all activities.

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

\_\_\_\_\_ **Safe Experience.** By initialing, I recognize that Tennis Without Limits 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 Without Limits 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 Without Limits programs.

*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 Tennis Without Limits to provide the services indicated.*

Parent/Legal Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_