



**BOWLING GREEN
PARKS & RECREATION
TENNIS REGISTRATION FORM**

160173

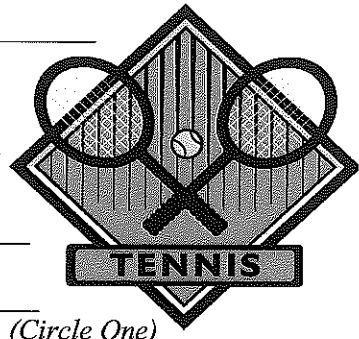
NAME _____ PHONE(S) (H) _____ (C) _____

ADDRESS _____ E-MAIL _____

CITY _____ COUNTY _____ ZIP _____
(Check One)

AGE _____ B-DATE _____ SEX: MALE _____ FEMALE _____ SHIRT SIZE _____

PARENT/GUARDIAN _____ CELL NUMBER _____



SESSION REGISTERED FOR:	SPRING	(Circle One)				(Circle One)	
	SUMMER	I	II	III	IV	AM	PM
	FALL	I				AM	PM

RACE: WHITE _____ BLACK _____ HISPANIC _____ ASIAN _____ AMERICAN INDIAN _____ OTHER _____

NATIONAL ORIGIN: UNITED STATES _____ NON-UNITED STATES (PLEASE SPECIFY) _____

DOES PARTICIPANT REQUIRE MEDICAL TREATMENT OF ILLNESS; HAVE ANY ALLERGIES, AND/OR CHRONIC PROBLEMS? Yes or No IF YES, EXPLAIN _____

Emergency Contact Information:

Person to contact _____ Relationship _____

Phone _____ Other Numbers _____

RELEASE STATEMENT

I understand that *Tennis* is a physical, high-contact, dangerous activity, and that the Bowling Green Parks and Recreation Department, AND Southern Kentucky Tennis Association Staff and Instructors will exercise care and precaution in the supervision thereof. Accidents may result from being struck by tennis balls or racquets, and, collisions with other players, the net, or fence. However, recognizing the inherent risk of injury, including but not limited to broken limbs, head injuries or back injuries possibly leading to paralysis or death. I nevertheless waive, release and discharge and agree to indemnify and hold harmless, Southern Kentucky Tennis Association, the City of Bowling Green, its officials, employees, agents, and staff, including but not limited to the Bowling Green Parks and Recreation Department, SOKY Tennis, its personnel and instructors from any and all negligent acts or conduct of commission or omission, if any, or any other injury arising from this program which may be sustained by me.

I further understand that persons with a history of back trouble, heart disease and high blood pressure are not to participate in this activity providing the Instructor with a dated doctor's consent form.

Participant _____ Date _____

Parent's Signature (If Under 18) _____ Date _____

OFFICE USE ONLY

DATE PAID _____ RECEIVED BY _____