

Tennis Camp Registration and Waiver Form (2008)

Registration: First Name: _____ Last: _____

Address: _____

Tel.: _____ Cell: _____

Camp Section: _____ Time: _____

Other Emergency Contact:

Name: _____ Tel.: _____

Any Special Medical Condition: _____

Bosque School Tennis Academy Waiver Form:

For _____

He/she has my permission to participate in the Bosque School Tennis Camp. I hereby waive any claim against the leaders, their heirs, any instructor and the sponsoring institution, for any and all causes, which may arise in connection with the tennis summer camp program, and any period traveling to and from the designated field of play. The parent(s) or guardian by signing below does hereby agree to IDEMNIFY and hold harmless the tennis camp and its representatives and any sponsoring entity from any liability which may incur to the named participant . I also certify that to the best of my knowledge, the participant named herein is physically fit and able to engage in the Bosque School Tennis Academy Camp. I HAVE READ THE FOREGOING RELEASE AND INDEMNITY AGREEMENT.

PARENT/GUARDIAN: _____

SIGNATURE: _____