



# Coral Reef Park Tennis Programs

Please ensure you read and complete all portions of this registration form.  
Please contact us if you need any assistance or if you have any questions. Thank you.  
Village of Palmetto Bay - 9705 East Hibiscus Street, Palmetto Bay, FL 33157 - (305)-259-1234  
[www.palmettobay-fl.gov](http://www.palmettobay-fl.gov)

Name of Participant: \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Birth Date \_\_\_\_\_

e-mail: \_\_\_\_\_

Parent/Guardian (First/Last/MI) \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

Parent/Guardian (First/Last/MI) \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

## **EMERGENCY CONTACT**

In case of emergency, please list two emergency contacts.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

## **Health Information**

Please advise us of any learning disabilities, emotional or physical conditions to assist us in providing the best experience.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Allergies:** List all known allergies

Describe reaction and management of reaction

\_\_\_\_\_  
\_\_\_\_\_

**Important Please Read and Sign Below**

In the case of an emergency, I authorize the staff of the Village of Palmetto Bay to obtain whatever medical treatment he/she deems necessary for my welfare. I further understand and agree that I will be financially responsible for all charges and fees incurred in the rendering of said emergency treatment regardless of whether or not my medical insurance would cover such charges and fees.

I, hereby understand that participating in any and all programs sponsored by the Village of Palmetto Bay, Department of Parks and Recreation, might have risks and dangers connected with them and hereby waive, release, absolve, indemnify and agree to hold harmless the Village of Palmetto Bay, and its employees there of; participants, persons transporting the participants to and from activities, and any other individual, group, organization or corporation under contract with Village of Palmetto Bay, for any claim arising out of an injury to the participant. I understand that the Village of Palmetto Bay is not responsible for any personal items, etc., lost during this program.

I grant the right for my image or likeness to be used for marketing or printing purposes associated with the promotion and marketing and news story coverage of parks and recreation related activities. I give my permission to the Village of Palmetto Bay for any photos or video footage taken during the course of this program to be used for educational, promotional, or any other purpose by the Village of Palmetto Bay.

In Agreement with ALL terms as outlined above:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

If signing as a parent/legal guardian of a minor please print the minor's name below.

\_\_\_\_\_  
Name of Minor

\_\_\_\_\_  
Date