



Coral Reef Park
 7895 SW 152 Street
 Palmetto Bay, FL 33157
 305-253-8655



REGISTRATION FORM

CORAL REEF PARK
PROGRAM BY TRUTH N TENNIS ACADEME

PARTICIPANT'S INFORMATION

PROGRAM: Tennis		DAY/WEEK:	Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
Last name:	First Name:	Middle Name:	
Name of school: Coral Reef Elementary	Birth date:	Age:	Sex: <input type="checkbox"/> F <input type="checkbox"/> M
Address:			
Home phone:		Cell phone:	
Email (Print Letters):			
Do you have any medical or dietary condition we should be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____			

TENNIS PROGRAM INFORMATION (CHOOSE ONE)

Tennis Date Night	Friday – Nov. 13, 2015	5:00pm to 8:00pm	Cost \$20 per person <input type="checkbox"/>
Adult Doubles Tennis Social	Friday, Nov. 20, 2015	6:00-9:00pm	Cost \$20 per person <input type="checkbox"/>

EMERGENCY CONTACT AND AUTHORIZED PICK UP (ONLY THOSE LISTED BELOW ARE PERMITTED TO PICK UP PARTICIPANT FROM PROGRAM)

Contact Person:	Relationship	Home phone	Work phone
Contact 1:			
Contact 2:			
Contact 3:			

IMPORTANT PLEASE READ, INITIAL AND SIGN BELOW

In the case of an emergency and if I cannot be reached, I authorize the staff of Village of Palmetto Bay Parks & Recreation/Truth N Tennis Academe to obtain whatever medical treatment he/she deems necessary for the welfare of my child. 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 attest that I am the parent or legal guardian of the participant child and I am signing on behalf of said child. _____
 (initial)

I hereby authorize my child and certify that he/she are physically fit to participate in the tennis program offered by the Village of Palmetto Bay/Truth N Tennis Academe and hereby waive, release, absolve, indemnify and agree to hold harmless the Village of Palmetto Bay, Truth N Tennis Academe, its successors, assigns, servants, employees, elected officials, appointed officials, and its employees there of; staff accompanying participants to and from Coral Reef Elementary, for any claims, actions demands or damages including but not limited to accidents, injury, death or damage to the releaser's minor child or property arising or resulting directly or indirectly from their participation in the tennis program. I further understand that the Village of Palmetto Bay and Truth N Tennis Academe are not responsible for any personal

items lost during this program. _____
(initial)

I understand while participating in this activity, the participant may be photographed. I agree to allow their photo, video, or film likeness to be used for any legitimate educational, promotional purpose by the Village of Palmetto Bay. _____
(initial)

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A REGISTRATION FORM.

Participant's Name

Signature

Parent/Guardian

Date

For more information contact: 305-253-8655

WWW.palmettobay-fl.gov