



2025 REGISTRATION

NAME_____

CHILD'S NAME_____

ADDRESS_____

PHONE_____EMAIL_____

BIRTHDAY_____

EMERGENCY CONTACT_____

ALLERGIES/MEDICAL ISSUES_____

ADDITIONAL NOTES (SKILL LEVEL, EXPERIENCE)

LIABILITY RELEASE: I HEREBY ASSUME ALL RISKS INCIDENTAL TO THE ABOVE PERSON'S PARTICIPATION AND WAIVE, RELEASE, ABSOLVE, INDEMNIFY, AND AGREE TO HOLD BLAMELESS STREET FAMILY TENNIS (MICHAEL AND AMANDA STREET), ITS EMPLOYEES, ORGANIZERS, VOLUNTEERS, SPONSORS, FACILITIES, AND OTHER PARTICIPANTS FOR ANY CLAIM ARISING OUT OF INJURY TO SAID PERSON DURING SUCH PARTICIPATION. I GIVE MY PERMISSION TO STREET FAMILY TENNIS FOR THIS REGISTRANT TO APPEAR IN PHOTOGRAPHS, VIDEOS, WEBSITES, ETC. ASSOCIATED WITH STREET FAMILY TENNIS.

SIGNATURE_____DATE_____