

# Tennis Buddies of Reno

# **Returning Participants Registration Form**

Reno Tennis Center: 2601 Plumas St. Reno, NV Saturdays, September 8, 15 & 29

> Time: 12:00 – 2:00 pm Cost: \$15

Nevada Center for Excellence in Disabilities



We are pleased to offer this tennis program to people with disabilities and look forward to helping your family member learn to play and enjoy tennis.

#### Requirements for Participation (participant must meet <u>all</u> of below criteria):

- Minimum of 12 years of age and up
- Have Down syndrome or other developmental disability
- Able to walk without assistive device
- Able to sidestep to both sides



\*\*\*All fields are required. Registration will not be accepted if this form is incomplete. This form has been condensed since you have previously been in our program and have a full version of this application on file. Please note however, if anything has changed since the spring program.

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## **Participant/Family Information:**

Participant First Name:				
Participant Last Name:				
Note changes below, otherwise leave blank if there have been no changes.				
Participant T-Shirt Size:				
Parent/Guardian First Name:				
Parent/Guardian Last Name:				
Parent/Guardian E-Mail:				
Parent/Guardian Phone:				
Parent/Guardian Cell Phone:				
Home Address:				
Emergency Contact Name:				
Emergency Contact Phone:				

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### **Health Information:**

Participant Food Allerg	ies, if any:			
Please explain any health/medical conditions or health concerns and any special instructions (box will expand if more room is needed):				
Fall Session:				
	2601 Plumas 00 – 2:00 pm		١V	
	s: September			
Commen	ıts:			

# **Payment Information:**

Payment of the program fee is required to process the registration form. Please include check of \$15 payable to SJTA OR let us know you need to pay by credit card and we will send you a PAYPAL invoice.

Mail your registration to: SJTA P.O. Box 6928 Reno NV 89513

Or email application: tennis@sierrajuniortennis.org

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#### Participant Liability Release

Participant Name:	

By signing, I hereby expressly acknowledge that tennis, like many sports such as swimming, golf, soccer, and gymnastics involves movement and physical activity, and that injury or mishap are possibilities in spite of all reasonable safeguards and precautions taken. Further, I hereby expressly acknowledge that photographs and/or videos of the above Participant may be taken by parties outside the control of SJTA in connection with participating in program. I acknowledge that SJTA has limited or no control over such activities of third parties and has no control over any editing and/or use of such photos and/or video footage. As the parent/guardian of the above Participant, I accept such risks as reasonable and proper, and agree to hold harmless the officers, principals, staff and volunteers of SJTA and Reno High School should injury or mishap occur in this regard.

I understand that data collected from this program will be used to help the camp operate effectively relative to appropriate progressions, tennis racquet sizing and behavior management. I acknowledge that I may be contacted in the future for follow up information pertaining to Participant progress, status or for other requests to support the future development and success of the program.

Parent/Guardian Signature:	

I give permission for the above Participant to be photographed and/or videotaped in print or electronic media by the Biggest Little Tennis Association (SJTA) or third parties acting on behalf of SJTA. I acknowledge and agree that photographs and videos may be edited and used in whole or in part as desired for the purpose, which may be produced, duplicated, distributed and used for informational, promotional or other public purposes. I understand that photographs and video are not my property and there will be no compensation to me. I understand and authorize the use in writing or otherwise the name or identity of the above Participant.

Parent/Guardian Signature:	

#### **Submission Instructions:**

Please mail this completed registration form with payment to SJTA P.O. Box 6928 Reno NV 89513 or e-mail to tennis@SIERRAJUNIORTENNIS.org.

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